


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 JAN -4 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L00000004568</b><br>1. Entity Name<br><b>WILLMON HOMESTEAD, LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br>6000 MILLER LANDING COVE ROAD<br>TALLAHASSEE, FL 32312   |  |  | Mailing Address<br>6000 MILLER LANDING COVE ROAD<br>TALLAHASSEE, FL 32312   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   |  |  |
| Zip   | Country  | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WILLMON NIEDORODA, BETTY JEAN</b><br><b>6000 MILLER LANDING COVE ROAD</b><br><b>TALLAHASSEE, FL 32312</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |  | <b>Make check payable to -</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>NIEDORODA, BETTY WILLMON</b><br><b>6000 MILLERS LANDING COVE</b><br><b>TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-size: 1.2em;"> <b>000044676270</b><br/> <b>01/13/05--01020--004 **50.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>Betty Willmon Niedoroda</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <u>Jan 4/05</u> <u>8506684129</u><br><small>Date Daytime Phone #</small>  |  |  |