

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90030 012 ****50.00

DOCUMENT # L02000012566

1. Entity Name
SERVANT INVESTMENTS, LLC



Principal Place of Business
**C/O GREENSPOON MARDER ET AL
201 E. PINE STREET, STE 500
ORLANDO, FL 32801**

Mailing Address
**C/O GREENSPOON MARDER ET AL
201 E. PINE STREET, STE 500
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAY, N. DWAYNE JR.
201 EAST PINE STREET, STE 500
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STEINBERGER, MARTIN
210 E PINE STREET, STE 500
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHAPIN, ROBERT W JR.
210 E. PINE STREET, STE 500
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/05 407-425-6559

N. DWAYNE GRAY, JR., AUTHORIZED REPRESENTATIVE