

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015670

1. Entity Name
FERNDEAN INVESTMENTS, LLC



Principal Place of Business
**16057 TAMPA PALMS BLVD. WEST
SUITE 393
TAMPA, FL 33647**

Mailing Address
**16057 TAMPA PALMS BLVD. WEST
SUITE 393
TAMPA, FL 33647**



02222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3772919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BANNER, MICHAEL
4244 W. TENNESSEE ST.
#185
TALLAHASSEE, FL 32304**

**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 LLC, if applicable.

(NOTE: Registered Agent's signature required with renomination)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHILD, NANCY L
4465 VIEUX CARRE CIRCLE
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHILD, WILLIAM A
4465 VIEUX CARRE CIRCLE
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

UN00000329283
04/25/05-80113-004 50.00

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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: *Nancy L Schild*

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

DATE

Daytime Phone #