


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000019154

1. Entity Name
STRAWBERRY VILLAGE LLC



Principal Place of Business Mailing Address

PO BOX 1096 PO BOX 1096
 BRANDON, FL 33509 US BRANDON, FL 33509 US

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04232005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 05-0573880 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSARO, JOSEPH J
 3510 SHADOWOOD DRIVE
 VALRICO, FL 33594

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSARO, JOSEPH J 3510 SHADOWOOD DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAHAM, KELLY R 12911 SHADOW RUN BLVD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLODY, JAMES P JR 5205 CULASAJA CIR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLODY, SEAN B 2504 OBRAPIA ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEMPLE, JIMMY L 4803 CHARRO LANE PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERICKSON, MICHAEL A 13642 LARAWAY DRIVE RIVERVIEW, FL 33569

U00000327933
 04/25/05-80056-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 4-23-05 8132405346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #