

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017230

Entity Name: LYTLE RESIDENCES, LLC

FILED  
Apr 06, 2005  
Secretary of State

**Current Principal Place of Business:**

C/O CITY DEVELOPMENT COMPANY, LLC  
10201 CENTURION PKW, STE 600  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CITY DEVELOPMENT COMPANY, LLC  
10201 CENTURION PKW, STE 600  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FOURNIER, LYNN D  
83 COMARES #6B  
ST AUGUSTINE, FL 32080    US

**Name and Address of New Registered Agent:**

FOURNIER, LYNN D  
4177 TIMBERLAKE DR.  
JACKSONVILLE, FL 32257    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/06/2005

Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      FOURNIER, LYNN D  
Address:                      10201 CENTURION PKWY, STE 600  
City-St-Zip:                      JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LYNN D. FOURNIER

MGR

04/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date