

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90049 007 \*\*\*\*50.00

DOCUMENT # L04000022913 1. Entity Name JENTEL PROPERTY DEVELOPMENT LLC	
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Principal Place of Business 13938B EGRET TOWER DR. ORLANDO, FL 32837	Mailing Address 13938B EGRET TOWER DR. ORLANDO, FL 32837
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2. Principal Place of Business 950 Celebration Blvd. Suite, Apt. #, etc. Suite A City & State Celebration, FL Zip 34747	Country	3. Mailing Address 950 Celebration Blvd. Suite, Apt. #, etc. Suite A City & State Celebration, FL Zip 34747	Country
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01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1455912	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. STE. E 773 4TH AVENUE NORTH NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:  1-5-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #