


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90047 014 \*\*\*\*50.00

**DOCUMENT # M03000002472**

1. Entity Name  
**THE GARDENS AT HOBE SOUND, LLC**



Principal Place of Business  
**11325 LOFTUS LANE**  
 UNION, KY 41091

Mailing Address  
**11325 LOFTUS LANE**  
 UNION, KY 41091

29001301



2. Principal Place of Business  
*11335 LOFTUS LANE*  
 Suite, Apt. #, etc.

3. Mailing Address  
*11335 LOFTUS LANE*  
 Suite, Apt. #, etc.

07072004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
**33-1063993**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**VARA, T. DOMINIC**  
**4521 PGA BOULEVARD #308**  
**PALM BEACH GARDENS, FL 33418**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 September 8, 2004**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE MGR  Delete  
 NAME **SCHULER, STEPHEN T**  
 STREET ADDRESS **11325 LOFTUS LANE**  
 CITY-ST-ZIP **UNION, KY 41091**

Change  Addition  
 NAME **11335 LOFTUS LANE**

TITLE MGR  Delete  
 NAME **VARA, T. DOMINIC**  
 STREET ADDRESS **4521 PGA BOULEVARD #308**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

Change  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:** *Stephen J. Schuler*

*8/18/04*

*859-371-0123*

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

Date

Daytime Phone #