


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000036010</b> 1. Entity Name KATSUR AT MICHIGAN PARK, LLC	
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Principal Place of Business 176 S. SHADOW BAY BLVD. LONGWOOD, FL 32779	Mailing Address 176 S. SHADOW BAY BLVD. LONGWOOD, FL 32779
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**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0706554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

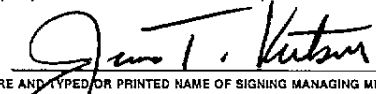
**Filing Fee is \$50.00  
Due by May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KATSUR MANAGEMENT GROUP, INC. 926 GREAT POND DR., STE 2003 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000174800  
01/10/05-80025-004 50.00

**DO NOT WRITE  
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)(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 603, Florida Statutes

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