## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 18, 2005 8:00 am Secretary of State 03-18-2005 90385 001 \*\*\*\*50.00

DOCUMENT # L04000039522  1. Entity Name AFFINITY HARTLEY, LLC						05 <b>10 2</b> 000 5	70505 001	50.		
Principal Place of Business 60 SARASOTA CENTER BOULEVARD SARASOTA, FL 34240  Mailing Address 60 SARASOTA CENTER BOULEVARD SARASOTA, FL 34240				'ARD		20022350				
2. Principal P 263 S Suite, Apt.	tace of Business  the Kney Point Roan  #, etc.	3. Mailing Address 2653 Strckny Pont Run Suite, Apt. #, etc.			03152005	03152005 Chg-LLC CR2E083 (10/03)				
City & State	L-/	Sacrote PL			4. FEI Numb	9 4 <b>9</b> 8418			lied For Applicable	
34231	Country  US A  6. Name and Address of Current F	34231	Count		5. Certificate	of Status Desired	Fee R	O Additi equired	ional	
	d. Name and Address of Current F		7. Name and Address of New Registered Agent Name							
EDWARDS, SHERYL A ESQ 1800 SECOND STREET, STE. 720 SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)						
والمراجع والمحالين				City			FL Zi	p Code	<u></u>	
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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	7				<del>-</del> [					
	ling Fee is \$50.00 ue by May 1, 2005					Make check payable to Florida Department of State				
9. 1	MANAGING MEMBER	RS/MANAGERS .	10.			ADDITIONS/	CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM AFFINITY HOMES OF SARASOT 60 SARASOTA CENTER BOULE' SARASOTA, FL 34240		4	*			c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		ET ADDRESS	GRM Bros Devel 653 Stickno Brasota Fl	opment Corpor by Point Code 34231	raha O	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .			<i>A</i>	من مست	C	nange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		li li			□ ¢	hange	Addition .	
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11. I hereby certify that the information supplied with this filling 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.										