2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

	ANNUAL	REPORT	
DOCUMENT #	L030000089	998	Ţ

1. Entity Name
2003 TEQUESTA ASSOCIATES, LLC

Principal Place of Business

Mailing Address

151 SAWGRASS CORNERS DRIVE

151 SAWGRASS CORNERS DRIVE STE.202

STE.202 PONTE VEDRA BEACH, FL 32082

PONTE VEDRA BEACH, FL 32082



DO NOT WRITE IN THIS SPACE

03302005 No Chg-LLC CR2E08

CR2E083 (10/03)

4. FEI Number 92-0193358 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE FERBER COMPANY, INC. 151 SAWGRASS CORNERS DRIVE STE.202 PONTE VEDRA BEACH, FL 32082 DO NOT WRITE IN THIS SPACE

	a named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and acce	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating) DATE	
F D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		e e e e e e e e e e e e e e e e e e e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERBER, PAUL S 151 SAWGRASS CORNERS DRIVE STE 202 PONTE VEDRA BEACH, FL 32082			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		D(O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE				

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.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME AND

STREET ADDRESS
CITY-ST-ZIP
TUTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-News Sonm' Y. Davis F SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 415/05

904-285-1600

Daylime Phone #