

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90054 023 ****50.00

DOCUMENT # L04000018213	
1. Entity Name AINTREE DEVELOPMENT LLC	

Principal Place of Business 13938B EGRET TOWER DR. ORLANDO, FL 32837	Mailing Address 13938B EGRET TOWER DR. ORLANDO, FL 32837
--	--

2. Principal Place of Business 950 Celebration Blvd. Suite, Apt. #, etc. Suite A City & State Celebration, FL Zip 34747	3. Mailing Address 950 Celebration Blvd. Suite, Apt. #, etc. Suite A City & State Celebration, FL Zip 34747
--	--

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2528407	Applied For ☐ Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVE 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
--	--

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 _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGGATT MICK 950 Celebration Blvd Ste A Celebration FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carlo Cesaratto 950 Celebration Blvd., Suite A Celebration, FL 34747 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURDOCH RICK 950 Celebration Blvd Ste A Celebration FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSUTTIL JOHN 950 Celebration Blvd Ste A Celebration FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _____

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

4/27/05

Date

Daytime Phone #