

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90013 031 \*\*\*\*50.00

<b>DOCUMENT # L00000004428</b>					
<b>1. Entity Name</b> CHERRY POINT VILLAS, L.L.C.					
<b>Principal Place of Business</b> 3390 S.W. 134 TERRACE DAVIE, FL 33330			<b>Mailing Address</b> 3390 S.W. 134 TERRACE DAVIE, FL 33330		
<b>2. Principal Place of Business</b> P.O. Box 552290 Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 552290 Suite, Apt. #, etc.			
City & State Davie, Florida		City & State Davie, Florida		04262005    Chg-LLC    CR2E083 (10/03)	
Zip 33355		Country		<b>4. FEI Number</b> 65-1004431	
<b>6. Name and Address of Current Registered Agent</b> JONES, PAUL 3390 S.W. 134 TERRACE DAVIE, FL 33330				<b>7. Name and Address of New Registered Agent</b> Name: Steven E. Fuller Street Address (P.O. Box Number is Not Acceptable): Fuller, Witcher & Company, P.A. 2953 West Cypress Creek Road, Suite 200 City: Fort Lauderdale    State: FL    Zip Code: 33309-1765	
<b>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.</b>					
SIGNATURE: <u>Steven E. Fuller</u> <u>Steven E. Fuller</u> <u>4-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, PAUL 3390 S.W. 134 TERRACE DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 552290 Davie, Florida 33355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, SHIRLEY 3390 S.W. 134 TERRACE DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 552290 Davie, Florida 33355
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Steven E. Fuller</u> <u>Shirley Jones</u> <u>4-29-05</u> <u>954 370 3223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					