

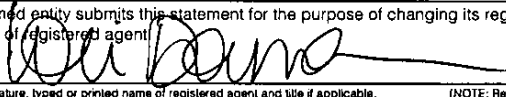
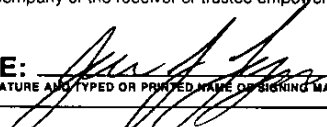


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000004662 1. Entity Name JESSE J. AND LARA A. LYNN MANAGEMENT, L.L.C.						FILED 05 MAY -2 PM 3:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2801 FRUITVILLE RD, STE 100 SARASOTA, FL 34237				Mailing Address 2801 FRUITVILLE RD, STE 100 SARASOTA, FL 34237			
2. Principal Place of Business 7645 TRALEE WAY		3. Mailing Address P.O. BOX 623		04082005 Chg-LLC CR2E083 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State BRADENTON FL		City & State TALLEHAST FL		4. FEI Number 65-1002694		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34202		Country USA		Zip 34270		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HRIC, MICHAEL 2801 FRUITVILLE RD STE 100 SARASOTA, FL 34237			
7. Name and Address of New Registered Agent Name LORI M DORMAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 601 12th STREET WEST City BRADENTON FL Zip Code 34205							
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 				DATE 04.22.05			
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 LYNN, LARA A 7645 TRALEE WAY BRADENTON, FL 34202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/10/05-01070-005 **858.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNN, JESSE J 7645 TRALEE WAY BRADENTON, FL 34202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100054223071 05/10/05--01070--005 **858.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date 4-22-05 Daytime Phone # 941-907-7240			