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Secretary of State
04-19-2005 90021 023 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000004912

1. Entity Name
PROVENCE 21, L.L.C.

20037928

Principal Place of Business	Mailing Address
26811 SOUTH BAY DRIVE, SUITE 200 BONITA SPRINGS, FL 34134	26811 SOUTH BAY DRIVE, SUITE 200 BONITA SPRINGS, FL 34134

DO NOT WRITE IN THIS SPACE

03112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1009518
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWNE, DAVID P
26811 SOUTH BAY DRIVE, SUITE 200
BONITA SPRINGS, FL 34134

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAZELBAKER, RALPH E
STREET ADDRESS	1661 OLD HENDERSON ROAD
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ AUTHORIZED REPRESENTATIVE 4/5/05 (949) 499-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #