

FILED
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Secretary of State

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2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000005735			
1. Entity Name KISSIMMEE OAKS, L.L.C.			
Principal Place of Business 1268 GALLOP DRIVE LOXAHATCHEE, FL 33470		Mailing Address 1268 GALLOP DRIVE LOXAHATCHEE, FL 33470	
2. Principal Place of Business 12723 W Forest Hill Blvd Suite, Apt. #, etc. 1211		3. Mailing Address 12723 W Forest Hill Blvd Suite, Apt. #, etc. 1211	
City & State Wellington FL		City & State Wellington FL	
Zip 33414		Country USA	
4. FEI Number 65-1018531		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PRESCOTT, WARREN L 1268 GALLOP DRIVE LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name WARREN L PRESCOTT Street Address (P.O. Box Number is Not Acceptable) 51 RIVER DRIVE City TEQUESTA FL Zip Code 33469	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR PRESCOTT, WARREN L 1268 GALLOP DRIVE LOXAHATCHEE, FL 33470		MGR/PRD/MGR WARREN L PRESCOTT 51 RIVER DRIVE TEQUESTA FL 33469	
MGRM PRESCOTT, LOWRDES M 1068 GALLOP DR LOXAHATCHEE, FL 33470		MGRM/SEC/CA LOWRDES M PRESCOTT 51 RIVER DRIVE TEQUESTA FL 33469	
		MEM/D WARREN L PRESCOTT JR. 51 RIVER DRIVE TEQUESTA FL 33469	
		MEM/D JESSICA L PRESCOTT 51 RIVER DRIVE TEQUESTA FL 33469	
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		Date 01/19/05 Daytime Phone #	