

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000005799**

1. Entity Name  
**CROSS KEY MANOR, L.L.C.**



Principal Place of Business  
**1550 LEE BLVD.  
LEHIGH ACRES, FL 33936**

Mailing Address  
**1550 LEE BLVD.  
LEHIGH ACRES, FL 33936**

**DO NOT WRITE IN THIS SPACE**



07142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1017370**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NOLAND, JOHN ESQUIRE  
1715 MONROE ST.  
FORT MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ED  
GLASS, MATTHEW H  
C/O 1550 LEE BLVD  
LEHIGH, FL 33936**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KATZMAN, ALLAN  
5310 TASSEFLOWER CT.  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000188671  
07/29/04-80001-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**

*Matthew Glass*

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

*7/22/04*

Date

Daytime Phone #