


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007017 1. Entity Name 520 ROOSEVELT/PALM COAST, L.L.C.	
--	---

Principal Place of Business 11 CROSSBOW CT. PALM COAST, FL 32137	Mailing Address % CHRISTI SERVICES OF PALM COAST FL INC 11 CROSSBOW CT PALM COAST, FL 32137
--	--

DO NOT WRITE IN THIS SPACE



02032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-3879669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OTTOSON, WAYNE T 11 CROSSBOW CT. PALM COAST, FL 32137
--

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 May 1, 2005**

000000218874
02/08/05-80004-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OTTOSON, WAYNE T 11 CROSSBOW CT. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTOSON, JUDITH 11 CROSSBOW CT PALM COAST, FL 32137
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	

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)(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: *Judith Ottoson* JUDITH OTTOSON 2-3-05 386 4465318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #