

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000009518

1. Entity Name

SANTA ROSA COTTAGES, LLC



Principal Place of Business

222 S. PENNSYLVANIA AVENUE, SUITE 200
WINTER PARK, FL 32789

Mailing Address

222 S. PENNSYLVANIA AVENUE, SUITE 200
WINTER PARK, FL 32789



04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685227

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P P.A.
222 S. PENNSYLVANIA AVENUE, SUITE 200
WINTER PARK, FL 32789

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STRINGFELLOW, MARTIN B
STREET ADDRESS 222 S. PENNSYLVANIA AVENUE, SUITE 200
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGRM
NAME STRINGFELLOW, JACK
STREET ADDRESS 222 S. PENNSYLVANIA AVENUE, SUITE 200
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/29/05-80121-005 50.00

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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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #