2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jan 28, 2005 08:00 AM DOCUMENT # L00000015483 **Secretary of State** 1. Entity Name JEANNIE INVESTMENTS, LLC Principal Place of Business Mailing Address 501 LAME SHORE DRIVE LEESBURG FL 34748 501 LAKE SHORE DRIVE LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 65-1067002 Not Applicable Country Zıp Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EMACK, JEANNIE G Street Address (P.O. Box Number is Not Acceptable) 501 LAKE SHORE DRIVE LEESBURG FL 34748 Zip Code City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition MGRM ☐ Delete TITLE Change TITLE EMACK, JEANNIE MS. NAME STREE! ADDRESS 501 LAKE SHORE DRIVE STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY - ST - 7IE Change ☐ Addition ☐ Delete TITLE TITLE U00000202684 NAME NAME 01/28/05-80120-008 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P TITLE Change ☐ Addition Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change T Addition TITLE ☐ Delete 3333 F MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST-ZIP Addition HITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CUY-SI-7/P CHY-SI-ZIP ☐ Change Addition HILE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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