2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015511 1. Entity Name SORRENTO HILLS PROPERTIES, L.L.C.			Secretary of State	
Principal Place of Business	Mailing Address	·	1	
1411 EDGEWATER DR. ORLANDO, FL 32804	1411 EDGEWATER DR. ORLANDO, FL 32804		1	
		<u></u>		
DO NOT W	RITE IN THIS SPA	CE.	04182005No Chg-LLC	CR2E083 (10/03)
DO NOT W	THE IN THIS SEP	NOE.	4. FEI Number 59-3701199	Applied For Not Applicable
			5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address	of Current Registered Agent			
HEWITT, ROBERT W ⁻ 1411 EDGEWATER DR.			DO NOT WI	RITE
ORLANDO, FL 32804			IN THIS SP	ACE
The above named entity submits this the obligations of registered agent.	statement for the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Flori	ida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of	registered agent and title if applicable. (NOTE Registered	ered Agent signature required	when reinstaling)	DATE
Filing Fee Is \$50.00 Due by May 1, 2005		· .	<u> </u>	
9MANAG	ING MEMBERS/MANAGERS		<u>t</u>	
TITLE MGRM				
NAME HEWITT, ROBERT W	•			

STREET ADDRESS | 1411 EDGEWATER DR. CITY-ST-ZIP ORLANDO, FL 32804 TITLE U00000329475 NAME 04/25/05-80117-018 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 eath; that I am a managing member or manager of the limited flability 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

9/2405 967318232 Date Daytime Phone #