

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90364 002 ****50.00

DOCUMENT # L00000016010

1. Entity Name
INLET AT NEW SMYRNA UNIT 1001, LLC



Principal Place of Business
300 INTERNATIONAL PKWY., STE. 130
HEATHROW, FL 32746

Mailing Address
300 INTERNATIONAL PKWY., STE. 130
HEATHROW, FL 32746

14012899



01052005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3564798

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, C. THOMAS
300 INTERNATIONAL PKWY., STE. 130
HEATHROW, FL 32746

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME C THOMAS SELBY FAMILY TRUST
STREET ADDRESS 300 INTERNATIONAL PARKWAY, STE 130
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D
NAME THOMPSON, ANDREW M
STREET ADDRESS 104 SWEET BAY LANE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D
NAME ANTON JOSEPH MCCLOSKEY REV. TRUST
STREET ADDRESS 3438 ASHTON OAKS COVE
CITY-ST-ZIP LONGWOOD, FL 32779

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:

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

Date

Daytime Phone #