

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000000835</b>	
1. Entity Name MANATEE COUNTY LLC	



Principal Place of Business 255 ALHAMBRA CIRCLE, SUITE 325 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC MIAMI, FL 33134	Mailing Address 255 ALHAMBRA CIRCLE, SUITE 325 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC MIAMI, FL 33134
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03022005No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent  LANGLEY, MARCIA H 2255 GLADES ROAD, SUITE 419 ATRIUM ONE BOCA PLACE BOCA RATON, FL 33431	
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DO NOT WRITE  
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000324686  
04/22/05-80099-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUTHERFORD, LARRY J 255 ALHAMBRA CIRCLE STE 325 MIAMI, FL 33134
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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: Jay Rutherford 4-20-05 305-476-1515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #