

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90136 037 \*\*\*\*50.00

20021938



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HECKER, SUSAN BARRETT  
200 S. ORANGE AVE.  
SARASOTA, FL 34236

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME MENENDEZ, MARY  
STREET ADDRESS 4101 GULF DRIVE  
CITY-ST-ZIP HOLMES BEACH, FL 34217

☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-12-05 901-778-3815