# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L01000005192

1. Entity Name
BEE RIDGE MANOR ASSOCIATES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3218 CHARLES MACDONALD DR.<br>SARASOTA, FL 34240 | P.O. BOX 2555<br>SARASOTA, FL 34230 |

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**DO NOT WRITE IN THIS SPACE**

04262004 No 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

MOORE, ROGERS T
3218 CHARLES MACDONALD DR.
SARASOTA, FL 34240

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000137688
04/29/04-80051-008 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | MOORE, ROGERS |
| STREET ADDRESS | 3218 CHARLES MACDONALD DR. |
| CITY-ST-ZIP | SARASOTA, FL 34240 |
| TITLE | |
| NAME | |
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| 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:** ROGERS MOORE 4/27/04 941-955-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #