

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90099 001 ****50.00

DOCUMENT # L01000010557

1. Entity Name
THE PRESERVE AT BURNT PINE, L.L.C.



Principal Place of Business
**325 SAND MYRTLE TRAIL
DESTIN, FL 32541**

Mailing Address
**2410 AMPERE DRIVE
LOUISVILLE, KY 40299**

14026400



07012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3732601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHEYD, JOSEPH M JR
1221 AIRPORT ROAD, SUITE 209
DESTIN, FL 32541**

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GORDON, STANLEY J JR
715 ALTA VISTA RD
LOUISVILLE, KY 40206**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WYATT, ROBERT
200 AIRPORT ROAD, BLDG #5
CLARKSVILLE, TN 37042**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SIROCKMAN, KEITH
70 CLIFFWOOD DRIVE
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
THOMAS, KENT
P.O. BOX 5
DESTIN, FL 32540**

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 #

Stanley J. Gordon, Jr. 7/1/04

502-266-5795