


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000011959</b> 1. Entity Name <b>THE VILLAGE AT OYSTER CREEK, LLC</b>	
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Principal Place of Business <b>6800 PLACIDA ROAD ENGLEWOOD, FL 34224</b>	Mailing Address <b>6800 PLACIDA ROAD ENGLEWOOD, FL 34224</b>
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**DO NOT WRITE IN THIS SPACE**



01312005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1113873</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HANEWINCKEL, DEAN 1861 PLACIDA RD., 204 ENGLEWOOD, FL 34224</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPADE, ROBERT W 6800 PLACIDA ROAD ENGLEWOOD, FL 34224
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02/18/05-80031-013 50.00

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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)(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:  2/14/05 941-698-4111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #