

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014409

Entity Name: CINNAMON PASS, LLC

FILED
Mar 09, 2005
Secretary of State

Current Principal Place of Business:

13850 TREELINE AVE. S.
FORT MYERS, FL 339138837

New Principal Place of Business:

Current Mailing Address:

RICHARD & STELLA DARBY
9861 TRIANA
FORT MYERS, FL 339120958

New Mailing Address:

RICHARD & STELLA DARBY
9361 TRIANA TERRACE #4
FORT MYERS, FL 339120958

FEI Number: 84-1609782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DARBY, RICHARD LEE
9861 TRIANA TERRACE, #4
(239) 225-1542
FORT MYERS, FL 339120958 US

Name and Address of New Registered Agent:

DARBY, RICHARD LEE
9361 TRIANA TERRACE, #4
FORT MYERS, FL 339120958 US

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.

SIGNATURE:

03/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DARBY, RICHARD L
Address: 9361 TRIANA TERRACE #4
City-St-Zip: FORT MYERS, FL 339120958

Title: MGRM () Delete
Name: DARBY, STELLA L
Address: 9361 TRIANA TERRACE #4
City-St-Zip: FORT MYERS, FL 339120958

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STELLA L. DARBY

MGRM

03/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date