


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90107 019 \*\*\*\*50.00

**DOCUMENT # L01000019505**

1. Entity Name  
**MONTLEA DUNNE, LLC**



Principal Place of Business      Mailing Address  
 3400 S. TAMiami TRAIL      3400 S. TAMiami TRAIL  
 SUITE 202      SUITE 202  
 SARASOTA, FL 34239 US      SARASOTA, FL 34239 US

60010006



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      P.O. Box 15571  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02212005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
 SARASOTA FLORIDA

Zip      Country      Zip      Country  
 34277      U.S.A.

4. FEI Number      Applied For  
 NOT APPLICABLE      Not Applicable

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

**8. Name and Address of Current Registered Agent**

LUZIER, THOMAS B ESQ.  
 3400 S. TAMiami TRAIL  
 SUITE 202  
 SARASOTA, FL 34239

**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 \_\_\_\_\_ 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, 2005**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEYWARD, JAMES PO BOX 15571 SARASOTA, FL 34277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **JAMES HEYWARD.**      2/21/05      941-363-9889.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #