

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020057

Entity Name: LYNNELL, L.L.C.

FILED  
Feb 18, 2005  
Secretary of State

**Current Principal Place of Business:**

999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 65-1153351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROCHE, CHRISTOPHER A  
229 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

WASHBURN, LYNNE W  
999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145 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: LYNNE W. WASHBURN

02/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WASHBURN, LYNNE WADDELL  
Address: 999 CAXAMBAS DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WASHBURN, LYNNE W  
Address: 999 CAXAMBAS DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

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: LYNNE W. WASHBURN

MGR

02/18/2005

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