2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State
04-20-2005 90027 042 ****50.00

DOCUMENT # L01000020808

1. Entity Name
GENEVA SHERIDAN, LLC

30009527

Principal Place of Business	Mailing Address
22319 POWELL ROAD BROOKSVILLE, FL 34602	22319 POWELL RD. BROOKSVILLE, FL 34602

DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
75-2973402
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATKINS, MARY S
22319 POWELL RD
BROOKSVILLE, FL 34602

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WATKINS, ANN
STREET ADDRESS	22319 POWELL RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	MGRM.
NAME	WATKINS, M. SHERIDAN
STREET ADDRESS	22319 Powell Rd.
CITY-ST-ZIP	BROOKSVILLE FL 34602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ann Watkins 4-14-05 352-799-1723
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FL. DEPT OF STATE
P.O. Box 6198
TALLAHASSEE 32314