


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90079 022 \*\*\*\*50.00

<b>DOCUMENT # L02000002114</b>					
<b>1. Entity Name</b> EXECUTIVE SUITES AT LAKEWOOD RANCH, LLC					
<b>Principal Place of Business</b> 6151 LAKE OSPREY DR SUITE #300 SARASOTA, FL 34240			<b>Mailing Address</b> <del>6151 LAKE OSPREY DR</del> <del>SUITE #300</del> <del>SARASOTA, FL 34240</del>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 1900 W Commercial Blvd. Suite, Apt. #, etc. Suite 200 City & State Ft. Lauderdale, FL Zip 33309		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Country	
01172005 Chg-LLC CR2E083 (10/03)			4. FEI Number 75-2974565		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> BOYLE, CONRAD J ESQ. 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEENAN, BILL 1900 W COMMERCIAL BLVD., #200 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CMINOWETH, DALE 1900 W COMMERCIAL BLVD., #200 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>EXECUTIVE SUITES AT LAKEWOOD RANCH LLC</u> <u>Feb 2/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					