

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 JUN -1 PM 4:42

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04-29-2004 90065 020 *****50.00
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DOCUMENT # L02000003154

1. Entity Name
JACARANDA TRACE MANAGEMENT COMPANY, LLC



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1226 NORTH TAMiami TRAIL
SUITE 100
SARASOTA, FL 34236

Mailing Address
1226 NORTH TAMiami TRAIL
SUITE 100
SARASOTA, FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004 Chg-LLC CR2E083 (10/03)

4. FFI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, GREGORY L
1226 NORTH TAMiami TRAIL
SUITE 100
SARASOTA, FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

Gregory L. Patterson

4/28/04

(PRO) Registered Agent signature required when re-registering

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ROSKAMP MANAGEMENT CO LLC
STREET ADDRESS 1226 NORTH TAMiami TRAIL #100
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert G. Roskamp

Robert G. Roskamp

4/28/04 941-954-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #