2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 05, 2004 8:00 am
Secretary of State
03-23-2004 90069 009 ****50.00

DOCUMENT # L02000007456

1. Entity Name
COUNTRY CLUB HOMES OF PALENCIA, LLC

Principal Place of Business	Mailing Address
440 NO. OCEANSHORE BLVD., SUITE 101 PALM COAST, FL 32137	440 NO. OCEANSHORE BLVD., SUITE 101 PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

03042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3772293
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, B. PAUL, ESQUIRE
ATRIUM SUITE
1 FLORIDA PARK DRIVE SOUTH
PALM COAST, FL 32137

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KIMBERLEY, ROD
STREET ADDRESS	14 CEDARWOOD COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	MGRM
NAME	GROFF, WILLIE
STREET ADDRESS	661 PELICAN WAY
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
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: _____ 4-2-04 386-445-4747
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #