

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009893

1. Entity Name
CANDLEWOOD COURT, LLC



Principal Place of Business
**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302**

Mailing Address
**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302**



01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0591517

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLYNN, THOMAS F
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when re-issuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
FLYNN, THOMAS F
516 LAKEVIEW ROAD #8
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FLYNN, KEVIN T
516 LAKEVIEW ROAD #8
CLEARWATER, FL 33756**

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

1100000242033
02/24/05-80057-023 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Kevin T. Flynn, Vice-President

2/16/05 727-449-1182

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

Date

Daytime Phone #