FILED
May 02, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017111

1. Entity Name
CANREY BUILDING COMPANY, L.L.C.

Principal Place of Business	Mailing Address
C/O 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236	C/O 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

04272005No Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0062983
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TASCH, JOHN
C/O SARASOTA FORD
707 S WASHINGTON BLVD
SARASOTA, FL 34236

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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's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUCHANAN, EDWARD K
STREET ADDRESS	707 S WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	NARVAEZ, CHRISTOPHER R
STREET ADDRESS	2609 DICK WILSON DR
CITY-ST-ZIP	SARASOTA, FL 34240
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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05/04/05-80153-008 55.00

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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: Edward Buchanan 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #