


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L02000019794</b><br>1. Entity Name<br>ALAFAYA VILLAGE, L.L.C. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>605 E ROBINSON ST<br>STE 420<br>ORLANDO, FL 32801 | Mailing Address<br>605 E ROBINSON ST<br>STE 420<br>ORLANDO, FL 32801 |
|--|--|



02222005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>54-2068363 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

**6. Name and Address of Current Registered Agent**

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| STRICKLAND, H BLAINE<br>605 E ROBINSON ST STE 420<br>ORLANDO, FL 32801 |
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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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>STRICKLAND, H. BLAINE<br>8604 MINDICH COURT<br>ORLANDO, FL 32819                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>STRICKLAND, THOMAS L<br>4119 BAYSHORE BOULEVARD NE<br>SAINT PETERSBURG, FL 33703 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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03/07/05-80021-021 50.00

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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: H Blaine Strickland 3/2/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #