

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90058 036 ****50.00

DOCUMENT # L02000020605

1. Entity Name
IRONWOOD HOMES OF LAKE CITY, LLC



Principal Place of Business

**5015 U.S. 90 WEST
LAKE CITY, FL 32055**

Mailing Address

**12788 U.S. 90 WEST
LIVE OAK, FL 32060**

20018665



2. Principal Place of Business

4109 US Hwy 90W

3. Mailing Address

Suite, Apt. #, etc.

02212005 Chg-LLC CR2E083 (10/03)

City & State

Lake City, FL

City & State

4. FEI Number
13-4207786

Applied For
Not Applicable

Zip
32055

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ROBINSON, KRIS B
116 NW COLUMBIA AVE.
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name **Kris B. Robinson**

Street Address (P.O. Box Number is Not Acceptable)

582 W. Duval St.

City

Lake City

FL

Zip Code

32055

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

Kris B. Robinson

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

(NOTE: Registered Agent signature required when reinstating)

3-3-05

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **PS** ☐ Delete
NAME **FRIER, MATTHEW**
STREET ADDRESS **12788 US 90 WEST**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **T** ☐ Delete
NAME **FRIER, TODD**
STREET ADDRESS **12788 US 90 WEST**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **VP** ☐ Delete
NAME **FRIER, WAYNE**
STREET ADDRESS **12788 US 90 WEST**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

Todd Frier

Todd Frier

3-1-05

386-362-2720

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

Date

Daytime Phone #