

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000027355	
1. Entity Name DRAGONFLY INVESTMENTS, L.L.C.	

Principal Place of Business 80 MARK TWAIN LANE ROTONDA WEST FL 33947 US	Mailing Address 80 MARK TWAIN LANE ROTONDA WEST FL 33947 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 03-0487700		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CHAPMAN, NELSON B 80 MARK TWAIN LANE ROTONDA WEST FL 33947		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHAPMAN, ELAINE A 80 MARK TWAIN LANE ROTONDA WEST FL 33947 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000215299 ☐ Change ☐ Addition 02/05/05-80003-014 50.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Elaine A. Chapman 2-2-05 941-691-0987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #