

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029235

1. Entity Name
112 SEYCHELLS COURT, L.L.C.



Principal Place of Business
1007 B. TRUMAN AVE.
KEY WEST, FL 33040

Mailing Address
1007 B. TRUMAN AVE.
KEY WEST, FL 33040



01112005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1132390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIANI, DONNA E
1007-B TRUMAN AVENUE
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

6. 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

Donna E. Miani *Donna E. Miani*

1-11-2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000187104

01/21/05-80086-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MIANI, PHILLIP N
STREET ADDRESS	1007 B. TRUMAN AVE.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGR
NAME	MIANI, DONNA E
STREET ADDRESS	1007 B. TRUMAN AVE.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Donna E. Miani

1-11-2005 305-896-1777

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

Date

Daytime Phone #