# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 15, 2005**
**Secretary of State**

DOCUMENT# L02000029460

**Entity Name:** THE AUTUMN OFFERING, LLC

**Current Principal Place of Business:**

113 TAYLOR AVE.
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

113 TAYLOR AVE.
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number: 56-2302801** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, ROBERT L
220 S. RIDGEWOOD AVE., STE. 200
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MEMBERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | ROBBINS, SEAN C | |
| Address: | 3 CARAMEL TR. | |
| City-St-Zip: | ORMOND BEACH, FL 32179 | |
| Title: | MGRM | ( ) Delete |
| Name: | MOORE, GEORGE B JR | |
| Address: | 420 LAKEBRIDGE PLAZA DR., #909 | |
| City-St-Zip: | ORMOND BEACH, FL 32174 | |
| Title: | MGRM | ( ) Delete |
| Name: | MILLER, DENNIS M | |
| Address: | 2526 YULE TREE | |
| City-St-Zip: | EDGEWATER, FL 321415221 | |
| Title: | MGRM | ( ) Delete |
| Name: | GELYON, NICHOLAS D | |
| Address: | 202 REDLAND DR. | |
| City-St-Zip: | NEW SMYRNA BEACH, FL 32169 | |
| Title: | MGRM | ( ) Delete |
| Name: | JOHNSON, MATTHEW A | |
| Address: | 407 N. PENINSULA AVE. | |
| City-St-Zip: | NEW SMYRNA BEACH, FL 32169 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SEAN C ROBBINS MNG 04/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date