

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90028 009 ****50.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # L02000029670 1. Entity Name THE COTTAGES AT ATLANTIC BEACH, LLC | | | | | |
| Principal Place of Business 60 OCEAN BLVD., STE. ONE ATLANTIC BEACH, FL 32233-5925 | | | Mailing Address 60 OCEAN BLVD., STE. ONE ATLANTIC BEACH, FL 32233-5925 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 81-0579204 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ROBISON, MARY A ESQ FISHER, TOUSEY, LEAS & BALL, P.A. ONE INDEPENDENT DRIVE, STE. 2600 JACKSONVILLE, FL 32202 | | | | 7. Name and Address of New Registered Agent Name Michael A. Sones Street Address (P.O. Box Number is Not Acceptable) 60 Ocean Blvd., Suite 1 City Atlantic Beach FL Zip Code 32233 | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | DATE 4/5/05 | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SONES, MICHAEL 60 OCEAN BLVD., STE. ONE ATLANTIC BEACH, FL 322335925 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: | | | | Date 4/5/05 Daytime Phone # (904) 246-9593 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |