

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90533 020 ****50.00

DOCUMENT # L02000034996					
1. Entity Name SPLASH REAL ESTATE, LLC					
Principal Place of Business 23060 AQUA VIEW DR. #5 BOCA RATON, FL 33433			Mailing Address 23060 AQUA VIEW DR. #5 BOCA RATON, FL 33433		
2. Principal Place of Business 14898 Crescent Cove Dr Suite, Apt. #, etc.		3. Mailing Address 14898 Crescent Cove Dr Suite, Apt. #, etc.			
City & State Ft Myers, FL Zip 33908		City & State Ft Myers, FL Zip 33908		Country USA	
4. FEI Number 16-1650760		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03032005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SCOTT, MARTIN 23060 AQUA VIEW DR. #5 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name: Carol Hartmanis Street Address (P.O. Box Number is Not Acceptable): 14898 Crescent Cove Dr. City: Ft. Myers FL Zip Code: 33908		
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: <i>Carol Hartmanis</i> Carol Hartmanis, MGRM 3/17/05 DATE					
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: MGRM NAME: SCOTT, MARTIN STREET ADDRESS: 23060 AQUA VIEW DR. #5 CITY-ST-ZIP: BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE: NAME: Carol Hartmanis STREET ADDRESS: 14898 Crescent Cove Dr. CITY-ST-ZIP: Ft. Myers, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: HARTMANIS, CAROL STREET ADDRESS: 1133 BOCA COVE LANE CITY-ST-ZIP: HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete		TITLE: MGRM NAME: Elena Hartmanis STREET ADDRESS: 1301 N. Riverside Dr. #7 CITY-ST-ZIP: Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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: <i>Carol Hartmanis</i> Carol Hartmanis 3/17/05 239-267-0158					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					