


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03006000073</b><br>1. Entity Name<br>INDEPENDENT MANAGEMENT COMPANY, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>837 N. GARLAND AVE.<br>ORLANDO, FL 32801 | Mailing Address<br>837 N. GARLAND AVE.<br>ORLANDO, FL 32801 |
|---|---|



03312005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>13-4246817                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>DECUBELLIS & MEEKS, P.A.<br>837 N. GARLAND AVE.<br>ORLANDO, FL 32801 |
|---|

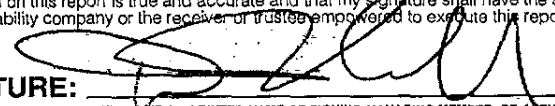
|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

|   |            |
|---|------------|
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   | DATE _____ |

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

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>DECUBELLIS, DANIEL L.<br>837 N. GARLAND AVE.<br>ORLANDO, FL 32801 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

|  |
|--|
| <p>1100000315268<br/>04/19/05-80027-016 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
|--|

|   |   |
|---|---|
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |   |
| <b>SIGNATURE:</b>  <b>DANIEL L. DECUBELLIS</b>   | Date <b>4/11/05</b> Daytime Phone # <b>407 872-2200</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   |   |