2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000008563

1. Entity Name
50 SOUTH YONGE, LLC

Principal Place of Business

8 WATERFRONT COURT
ORMOND BEACH, FL 32174

Mailing Address

8 WATERFRONT COURT
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

03252005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0796820	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRIX, RANDALL L
8 WATERFRONT COURT
ORMOND BEACH, FL 32174

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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

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HENDRIX, RANDALL L
STREET ADDRESS	8 WATERFRONT CT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: X _Randall L Hendrix_ RANDALL L. HENDRIX 3-28-05 316 451-4018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #