

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90083 044 \*\*\*\*50.00

**DOCUMENT # L03000008606**

**1. Entity Name**

PIPER'S LANDING INVESTMENT GROUP, L.L.C.



**Principal Place of Business**

963 FEDERAL HIGHWAY  
STUART, FL 34994

**Mailing Address**

963 FEDERAL HIGHWAY  
STUART, FL 34994



03012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
06-1684796

Applied For  
Not Applicable

**5. Certificate of Status Desired**



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NORMAN, KENNETH A  
2400 S.E. FEDERAL HIGHWAY, 4TH FLOOR  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

MGR

Managing Partner  
Werner, George  
5005 SW Loch Lane  
Palm City, FL 34990

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**NAME**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date** \_\_\_\_\_

**Daytime Phone #** \_\_\_\_\_