

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009315

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** LARGE-WADDELL PROPERTIES, LLC

**Current Principal Place of Business:**

2840 REMINGTON GREEN CIRCLE, SUITE E  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2840 REMINGTON GREEN CIRCLE, SUITE E  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 56-2382017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUNTER, CURTIS B  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

HUNTER, CURTIS B  
3450 PACES FERRY ROAD  
TALLAHASSEE, FL 32309 US

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.

SIGNATURE:

03/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WADDELL, JAMES F III  
Address: 2569 BISHOP'S GREEN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: LARGE, RUSSELL T  
Address: 1570 APPLEWOOD WAY  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES F. WADDELL, III

MGRM

03/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date