2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90201 010 ****50.00

DOCUMENT # L03000010274

1. Entity Name
INDRIO DEVELOPMENT COMPANY LLC

Principal Place of Business	Mailing Address
3109 PONCE DE LEON CORAL GABLES, FL 33134 US	P.O. BOX 560114 MIAMI, FL 33256 US

01252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1720 El Jobean Road		P.O. Box 380129	
Suite, Apt. #, etc.: Suite 204		Suite, Apt. #, etc.:	
City & State: Port Charlotte, FL		City & State: Murdock, FL 33938-0129	
Zip: 33948	Country: USA	Zip: 33938-0129	Country: USA

4. FEI Number 56-2333300 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

J.S.M. HOLDING CORP., INC.
3109 PONCE DE LEON
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: S.S.M. HOLDING CORP., INC.
Street Address (P.O. Box Number is Not Acceptable): 1720 El Jobean Road, Suite 204
City: Port Charlotte FL Zip Code: 33948

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] Pres Dons 1-26-05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, MICHAEL S 3109 PONCE DE LEON CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jones, Michael S. P.O. Box 380129 Murdock, FL 33938-0129	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Manager 1-26-05 (941) 206-2318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #