

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000010310

1. Entity Name  
HERNANDO LAKEWOOD, LLC



Principal Place of Business  
7845 CHAUCER DRIVE  
SPRING HILL, FL 34607 US

Mailing Address  
1253 PARK ST  
CLEARWATER, FL 33756 US



**DO NOT WRITE IN THIS SPACE**

04272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-2024221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

PRATESI, EMIL G  
1253 PARK ST  
CLEARWATER, FL 33756

**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	MGRM
NAME	DEES, RUSCH
STREET ADDRESS	7845 CHAUCER DR
CITY - ST - ZIP	SPRING HILL, FL 34607

TITLE	
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04/30/05-80071-020 55.00

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.

SIGNATURE: *[Signature]*

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

Date

Daytime Phone #

4/27/05 352-683-3323