2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012194 1. Entity Name 5327 US 19, LLC						
3327 US 18, LLG					05 MAR 23 PM 12: 32	
Principal Place of Business 4314 HARBOR WATCH LANE LUTZ, FL 33558		Mailing Address 4314 HARBOR WATCH LANE LUTZ, FL 33558			SECKETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112005 Chg-LLC CR2E083 (10/03)	
City & State		City & State			4. FEI Number Applied For 30-0164641 Not Applicable	
Zip	Country	Zip	Country	<u>. </u>	5, Certificate of Status Desired \$5.00 Additional Fee Required	
Name					7. Name and Address of New Registered Agent	
JOHNSON, DAN 31940 US 19 N PALM HARBOR, F		5	Street Address (P.O. Box Number is Not Acceptable)			
PALIVITIANDON, I	L 34004	City		City	₽ Zip Code	
8. The above named entity submits this statement for the purpose of changing its register						
the obligations of registered agent. SIGNATURE 3/20/05						
Signatural representation of representations and their applicables. (NOTS: Registered Apent agreebuse required when remainden) LATE						
Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State						
9. TIRLE MGRM	MANAGING MEMBE	ERS/MANAGERS Delete	10.		ADDITIONS/CHANGES Change Addition	
STHEET ADDRESS 4314 HA	E, DOMENIC ARBORWATCH LN L 33558	-	NAME STREET A CITY: ST			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HITLE NAME STREET A CITY-ST-	ADDRESS 4314	RM	
TIPLE NAME STREET ADDRESS		☐ Defete	MAKE NAME	ADDHESS	☐ Change ☐ Additio	
CITY- ST - ZIP			CITY- ST		900049198599 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET / CITY-ST	Address 1- Zip	☐ Change ☐ Additio	
TITLE NAME SHEET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY: ST	ADUHESS T-ZIP	☐ Change ☐ AddRic	
MILE NAME STREET AUDRESS CITY-ST-ZIP		☐ Delata	TITLE NAME STREET / CHY-ST	ADDRESS 1- ZIP	☐ Charige ☐ Addiki	
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 eath; 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: 3/20/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CASE DISJUNCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CASE DISJUNCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CASE DISJUNCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CASE DISJUNCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CASE DISJUNCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CASE DISJUNCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MEMBER, MANAGUNG MEMBER, MA						
SIGNATUE	RE AND TYPED OR PRINTED NAME	opeigning managing member, man	NAGER, OR AU	UTHORIZED REPRE	ESENTATIVE Cale DayLone Phone s	