


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012194 1. Entity Name 5327 US 19, LLC	
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Principal Place of Business 4314 HARBOR WATCH LANE LUTZ, FL 33558	Mailing Address 4314 HARBOR WATCH LANE LUTZ, FL 33558
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED

05 MAR 23 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0164641	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent JOHNSON, DAN 31940 US 19 N PALM HARBOR, FL 34684	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Dan P. Johnson* DATE: 3/20/05

(NOTE: Registered Agent signature required when registering)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIFANTE, DOMENIC 4314 HARBORWATCH LN LUTZ, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	MGRM DI FANTE, BROOKE L. 4314 HARBOR WATCH LANE LUTZ, FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brooke DiFante* DATE: 3/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #