

\$50.00

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
05 MAY -3 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE  
Applied For  
Not Applicable

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

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

ALLEN, THOMAS R  
14 E WASHINGTON STREET SUITE 600  
ORLANDO, FL 32801

### 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

108 E. Hillcrest Street

City Orlando

FL

Zip Code 32801

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, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas R. Allen

4-21-05

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

### 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME ROLL, HOPE C  
STREET ADDRESS 1190 N PARK AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

### 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 200054530532  
STREET ADDRESS 05/13/05--01066--020 \*\*\*1448.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

John C. Poree

4-21-05

407-622-0000

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

Date

Daytime Phone #