


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013221 1. Entity Name ALAFAYA VILLAGE PARTNERS, L.L.C.	
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Principal Place of Business 605 EAST ROBINSON STREET, SUITE 420 ORLANDO, FL 32801	Mailing Address 605 EAST ROBINSON STREET, SUITE 420 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1689791	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 Blaine STRICKLAND, H. BLAIRE 605 E. ROBINSON ST. STE 420 ORLANDO, FL 32801
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**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM -- Blaine STRICKLAND, H. BLAIRE 8604 MINDICH CT. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRICKLAND, THOMAS L 4119 BAYSHORE BLVD. NE SAINT PETERSBURG, FL 33703
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03/07/05-80021-019 50.00

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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: Blaine Strickland 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #