

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90108 040 \*\*\*\*50.00

**DOCUMENT # L03000013872**

1. Entity Name  
**ESPLANADE OF STUART, LLC**



Principal Place of Business  
**8756 S.E. MAY TERRACE  
HOBE SOUND, FL 33455**

Mailing Address  
**P.O. BOX 2545  
STUART, FL 34995**

**20015711**



2. Principal Place of Business  
**38 East Ocean Blvd**

3. Mailing Address  
Suite, Apt. #, etc.

02212005 Chg-LLC CR2E083 (10/03)

City & State  
**STUART FL**

City & State

4. FEI Number  
**20-1367111**

Applied For  
Not Applicable

Zip  
**34994**

Country  
**MARTIN**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRARY, WILLIAM F II  
555 COLORADO AVENUE, STE I  
STUART, FL 34994**

Name

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

City

**FL**

Zip Code

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 re-registering)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
EDMISTON, JAMES H  
P.O. BOX 2545  
STUART, FL 34995** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:** *J H Edmiston - manager - 2/21/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**772-341-5450**

Daytime Phone #