2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016454

Entity Name: HAINES CITY PARTNERS, LLC

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

35399 HWY 27 HAINES CITY, FL 33844

Current Mailing Address: New Mailing Address:

35399 HWY 27 HAINES CITY, FL 33844

FEI Number: 11-3691276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATHER, WILLIAM F 2900 JIM REDMAN PKWY PLANT CITY, FL 33566 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

 Title:
 MGR () Delete
 Title:
 MGR (X) Change () Addition

 Name:
 MATHER, WILLIAM F PRES
 Name:
 MATHER, WILLIAM F PRES

 Address:
 3201 POLO PLACE
 Address:
 16212 VILLARREAL DE AVILA

 City-St-Zip:
 PLANT CITY, FL 33566
 City-St-Zip:
 TAMPA, FL 33613 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition BUTZIN, JEFFERY K VP Name: BUTZIN, JEFFERY K VP Name: Address: 2922 BAYSHORE VISTA DR Address: 2922 BAYSHORE VISTA DR City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611 US

 Title:
 MGR () Delete
 Title:
 MGR (X) Change () Addition

 Name:
 LOTT, RICK A SEC/TRE
 Name:
 LOTT, RICK A SEC/TRE

 Address:
 3200 POLO PLACE
 Address:
 3200 POLO PLACE

Address. 3200 FOLO FLACE Address. 3200 FOLO FLACE

City-St-Zip: PLANT CITY, FL 33566 US

Title: MGR () Delete Title: MGR (X) Change () Addition STROUPE, NILA G ASST SE STROUPE, NILA G ASST SE Name: Name: 1604 ROBINSON DR Address: 1604 ROBINSON DR Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFERY K BUTZIN VP 04/25/2005