
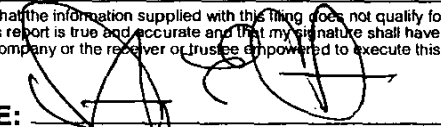


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90031 050 \*\*\*\*50.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # L03000016806</b><br>1. Entity Name<br><b>DEVELOPERS OF ADMIRAL'S LANDING, LLC</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>223 TAYLOR STREET<br/>PUNTA GORDA, FL 33950</b>   |  |   | Mailing Address<br><b>P.O. BOX 511448<br/>PUNTA GORDA, FL 33951</b> |  |  |
| 2. Principal Place of Business<br><b>109 Taylor Street</b><br>Suite, Apt. #, etc.<br><b>Suite 112</b>   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><br>City & State<br><b>Punta Gorda, FL</b> |   |  |  |
| City & State<br><b>Punta Gorda, FL</b>  |  | City & State<br><br>  |   | 4. FEI Number<br><b>57-1169077</b>   |  |
| Zip<br><b>33950</b>   |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>WOTITZKY, EDWARD L<br/>223 TAYLOR STREET<br/>PUNTA GORDA, FL 33950</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Edward L. Wotitzky</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>109 Taylor Street- Suite 112</b><br><br>City<br><b>Punta Gorda</b> <b>FL</b> Zip Code<br><b>33950</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when retesting) _____ DATE _____   |  |   |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>                            |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CRIST, DOUGLAS E<br>PO BOX 511448<br>PUNTA GORDA, FL 339511448 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <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:   |  |   |   |  |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |   |  |  |
| Date <b>4/8/05</b> Daytime Phone # <b>941-639-4220</b>  |  |   |   |  |  |

**DOUGLAS E CRIST**