## **2005 LIMITED LIABILITY COMPANY**

## FILED **ANNUAL REPORT** Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # L03000018364 **BOARDWALK RESIDENTIAL LLC** Principal Place of Business Mailing Address 2653 GROVE VIEW DR. 2653 GROVE VIEW DR. WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 04022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 68-0553751 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MENSING, ANGELA M DO NOT WRITE 2653 GROVE VIEW DR. WINTER GARDEN, FL 34787 **!N 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 ubligations of registered agent SIGNATURE\_ (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MENSING, ANGELA NAME STREET ADDRESS 2653 GROVE VIEW DR CITY-SI-ZIP WINTER GARDEN, FL 34787 U00000293667 TITLE 04/08/05-80037-D18 50.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP mE NAME

11. Thereby 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 inclicated 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STRIET ADDRESS CITY-ST-ZIP