

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000018496

1. Entity Name
EGRET REAL ESTATE GROUP, LLC



Principal Place of Business

**7075 PLACIDA ROAD
SUITE 104
ENGLEWOOD, FL 34224**

Mailing Address

**7075 PLACIDA ROAD
SUITE 104
ENGLEWOOD, FL 34224**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3757952

Applied For
Not Applicable

☒ Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ITTERSAGEN, SCOTT D ESQ.
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223-4949**

**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
FITZSIMMONS, TIMOTHY
7075 PLACIDA RD. STE. 104
ENGLEWOOD, FL 34224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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U00000175830
01/10/05-80068-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-6-05 941-697-1616