

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90075 006 \*\*\*\*50.00

<b>DOCUMENT # L03000020496</b>					
<b>1. Entity Name</b> ENCLAVE ON HALF MOON LAKE, LLC					
<b>Principal Place of Business</b> C/O STEPHEN H. REYNOLDS, ESQ 400 NORTH TAMPA ST., STE. 2300 TAMPA, FL 33602			<b>Mailing Address</b> C/O STEPHEN H. REYNOLDS, ESQ 400 NORTH TAMPA ST., STE. 2300 TAMPA, FL 33602		
<b>2. Principal Place of Business</b> 10501 TAHANNA AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 489 Suite, Apt. #, etc.			
<b>City &amp; State</b> RIVERVIEW, FL		<b>City &amp; State</b> RIVERVIEW, FL		<b>4. FEI Number</b> 76-0734356	
<b>Zip</b> 33569		<b>Country</b> Hillsborough		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> REYNOLDS, STEPHEN H ESQ 400 NORTH TAMPA ST., STE. 2300 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P CUSTARD, GALEN P.O. BOX 489 RIVERVIEW, FL 33568 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P GLEN CROSS PO BOX 489 RIVERVIEW, FL 33568 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	UP DAVID CORWAT PO BOX 489 RIVERVIEW, FL 33568 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			01/20/05 8136720608 <small>Date Daytime Phone #</small>		