## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L03000023554  1. Entity Name VERITAS COURTYARD, LLC					05-02-200:	5 90114 007 ****5	0.00
Principal Place of Business 770 2ND AVENUE S ST PETERSBURG, FL 33701		Mailing Address 770 2ND AVENUE S ST PETERSBURG, FL 33701			20052844		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0421200	)5 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Nu 13-4	mber 256010	<del> </del>	plied For t Applicable
Zip	Country	Zip	Country		ate of Status Desired	\$5.00 Add	itional
	6. Name and Address of Current I	Registered Agent		7. Name	and Address of New	· · · · · · · · · · · · · · · · · · ·	
			Name.				
ROWE, JAMES C ESQ- ROWE & KIEFER, P.A. 770 2ND AVENUE S-				ICIAET ddress (P.O. Box Nu O 2 N.D	mber is Not Acceptab	40E 5.	
ST PETERSBURG, FL 33701			Cite	· P		F1 20200	901
			<u> </u>	· FETER	SBURG	FL UD 7	101
8. The above	named entity submits this statement for tions of registered agent	the purpose of changing its re	egistered office o	r registered agent, or	both, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE .	Signature, gold or printed name of registered agent a	dition applicable. (NOTE:	Registered Agent signa	ure required when reinstating	1	DATE	··
Filing Fee Is \$50.00 Due by May 1, 2005						ke check payable to da Department of State	,
		DE /MANIACIEDE	10.		ADDITIONS	S/CHANGES	
٥	MANAGING MEMBE		10.		ADDITIONS		
9.	MANAGING MEMBE		TITLE				☐ Addition
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			TITLE NAME STREET ADDRESS				Addition
TITLE NAME	MGRM KEANE, MICHAEL J		NAME				Addition
TITLE NAME STREET ADDRESS	MGRM KEANE, MICHAEL J 770 2ND AVENUE S		namé Street address				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEANE, MICHAEL J 770 2ND AVENUE S ST PETERSBURG, FL 33701	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
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11. I hereby certify that the information supplied with this filling 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 acceptance of the secure this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/02- Nach