

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90099 020 \*\*\*\*50.00

**DOCUMENT # L03000024115**

1. Entity Name

JUSTIFICATION REALTY, L.L.C.



Principal Place of Business

22326 STATE ROAD 19  
HOWEY IN THE HILLS FL 34737

Mailing Address

22326 STATE ROAD 19  
HOWEY IN THE HILLS FL 34737

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1176812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAREN, RUDOLPH  
22326 STATE ROAD 19  
HOWEY IN THE HILLS FL 34737

Name Winnifred McLaren  
Street Address (P.O. Box Number is Not Acceptable)  
23326 State Road 19

City Howey in the Hills FL Zip Code 34737

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 Winnifred McLaren

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE Feb. 14, 2005

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MCLAREN, RUDOLPH  
STREET ADDRESS 22326 STATE ROAD 19  
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737

TITLE MGR ☐ Delete  
NAME MCLAREN, WINIFRED  
STREET ADDRESS 23326 SR 19  
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737

TITLE MGR ☐ Delete  
NAME MCLAREN, TAMARA  
STREET ADDRESS 4349 HEIRLOOM ROSE PLACE  
CITY-ST-ZIP OVIEDO FL 32766

TITLE MGR ☒ Delete  
NAME JAMES, LORRAINE  
STREET ADDRESS 232 CHANNIN DRIVE  
CITY-ST-ZIP BEAR DE 19701

TITLE MGR ☐ Delete  
NAME MCLAREN, JASON  
STREET ADDRESS 23326 SR 19  
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Winnifred McLaren

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

DATE Feb 14, 2005 352-324-2445

DATE

Daytime Phone #