

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024458

1. Entity Name
GASPARILLA PALMS, LLC



Principal Place of Business
**1811 ENGLEWOOD ROAD
SUITE 300
ENGLEWOOD, FL 34223**

Mailing Address
**1811 ENGLEWOOD ROAD
SUITE 300
ENGLEWOOD, FL 34223**



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0174204

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950**

**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
**P
LAWRENCE, PERRY S
1811 ENGLEWOOD RD STE 300
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MELLOR, VICTOR G
1811 ENGLEWOOD RD STE 300
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/29/05-80067-001 70.00

**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 # _____