2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 08, 2004 8:00 am Secretary of State

DOCUMENT # L03000025278 1. Entity Name CIVIX-SR 27, L.L.C.						09-08-2004	1 90001 00)7 ****5	50.00
Principal Place of Business 2033 MAIN STREET, SUITE 104 SARASOTA, FL 34237		Mailing Address 2033 MAIN STREET, SUITE 104 SARASOTA, FL 34237		7 	2408			101 III (TB)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08262004	Chg-LLC	CR2E083	(10/03)		
City & State		City & State		4. FEI Number			X Not	plied For Applicable	
Zip	Country	Zip	Count	try		f Status Desired	Fee	.00 Addi e Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered Age	ent .	
CHAPNICK, BRUCE P ESQ. C/O ICARD, MERRILL, ET AL				(P.O. Box Number	is Not Acceptable)			
2033 MAIN	STREET, SUITE 600 A, FL 34237							•	
				City			FL	Zip Code	
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flo	rida. I am farr	niliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered	d Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 8, 2004					Make check payable to Florida Department of State				
Fili Due b	ing Fee is \$50.00 y September 8, 2004				İ				•
Fili Due b	MANAGING MEMBE	RS/MANAGERS	10.				Department		•
9.	MANAGING MEMBE	☐ Delete	TITLE			Florida	Department CHANGES		Addition
9.	MANAGING MEMBE Mgr Rodney I. Connelly 2033 Main Street,	Delete Suite 201	TITLE NAME STRE			Florida	Department CHANGES	t of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE Mgr Rodney I. Connelly	Delete Suite 201	NAME STREE CITY-	E ET ADORESS -ST-ZIP		Florida	CHANGES	t of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE Mgr Rodney I. Connelly 2033 Main Street,	Delete Suite 201	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADORESS -ST-ZIP		Florida	CHANGES	t of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE Mgr Rodney I. Connelly 2033 Main Street,	Delete Suite 201	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADORESS -ST-ZIP E E ET ADDRESS -ST-ZIP -ST-ZIP		Florida	CHANGES	t of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE Mgr Rodney I. Connelly 2033 Main Street,	Delete 7 Suite 201 37	TITLE NAMM STREI CITY- TITLE NAMM STREI CITY- TITLE NAMM STREI STR	E ET ADORESS -ST-ZIP E E ET ADDRESS -ST-ZIP -ST-ZIP		Florida	CHANGES	t of State Change Change	Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/01/04

Date

941-953-7700

Daytime Phone #