

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

T. Roberts MAY 05 2005

FILED

05 APR 26 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
03-0524659

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

O'KEEFE, DANIEL T ESQ.  
C/O SHUTTS & BOWEN LLP  
300 SOUTH ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801-5403

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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 reconstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME COURTNEY ESTATES APARTMENTS, LLC  
STREET ADDRESS 100 COLONIAL CENTER PKWY, #470  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE MGR ☐ Delete  
NAME OGIER, GERALD D  
STREET ADDRESS 216 NOBO HILL CIRCLE  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGR ☐ Delete  
NAME SCHAFER, JOHN  
STREET ADDRESS 3138 WINGING PINE TRAIL  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGR ☐ Delete  
NAME MCDANIEL, DAVID G  
STREET ADDRESS 2032 VISTA OAKS DR.  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGR ☐ Delete  
NAME OGIER, MARK  
STREET ADDRESS 616 GRAND CYPRESS POINT  
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

700054345047  
05/12/05--01081--013 \*\*213.75

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

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

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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:

*John Schaffer* JOHN SCHAFER

4-11-05

407-333-0066

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

Date

Daytime Phone #