

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90018 037 ****55.00

DOCUMENT # L03000027701										
1. Entity Name BOGGY CREEK LANDING, LLC										
Principal Place of Business 1100 TOWN PLAZA CT STE 2010 WINTER SPRINGS, FL 32708			Mailing Address 1100 TOWN PLAZA CT STE 2010 WINTER SPRINGS, FL 32708							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State								
Zip	Country	Zip	Country	02012005 Chg-LLC CR2E083 (10/03)						
4. FEI Number 20-0116681				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable			
Applied For										
Not Applicable										
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent							
LEE, GREGORY D 1100 TOWN PLAZA CT STE 2010 WINTER SPRINGS, FL 32708			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">State FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	State FL	Zip Code
Name										
Street Address (P.O. Box Number is Not Acceptable)										
City										
State FL										
Zip Code										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____										
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State								
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR WILLIAMS, LARRY 800 WESTWOOD SQUARE SUITE E OVIEDO, FL 32765		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JORDAN ADVENTURES, LLC 1100 TOWN PLAZA COURT, SUITE 2010 WINTER SPRINGS, FL 32708					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #										