## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

## Feb 14, 2005 8:00 am **Secretary of State** DOCUMENT # L03000028352 1. Entity Name 02-14-2005 90175 042 \*\*\*\*50.00 PUNTA GORDA PROPERTIES; LC Principal Place of Business Mailing Address 440 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 440 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 02-0701441 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNETT, JOSH N Street Address (P.O. Box Number is Not Acceptable) 440 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition BENNETT, JOSH NAME NAME STREET ADDRESS STREET ADDRESS 440 NORTH ANDREWS AVENUE CITY-ST-ZIP City-St-7IP FORT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY+ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

JUST TOST CARE H MGR
DEPENDENT DOS TOST OF AUTHORIZED REPRESENTATIVE