


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000031866 1. Entity Name 382, LLC	
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Principal Place of Business 1425 NW 6TH STREET GAINESVILLE, FL 32601 US	Mailing Address 1425 NW 6TH STREET GAINESVILLE, FL 32601 US
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DO NOT WRITE IN THIS SPACE



04142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0175461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAFRIO, CARL
1425 NW 6TH STREET
GAINESVILLE, FL 32601

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

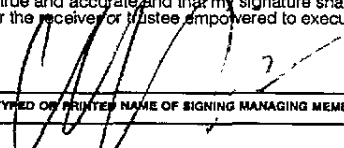
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CGT, LLC 1425 NW 6TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLA, JOHN 4307 NW 43RD STREET, SUITE F GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILBER, PATRICK PO BOX 2724 GAINESVILLE, FL 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMBERLAND ADVISORY SERVICES, LLC 2425 HOPKINS STREET ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000322114
04/21/05-80105-015 50.00

**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:  **4/15/05 352 3714333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #