
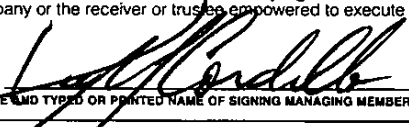


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90091 047 ****50.00

| | | | | | | | |
|---|------------------------------|---------------------------------|--|---|-----------------------------------|----|----------|
| DOCUMENT # L03000033561 | | | |  | | | |
| 1. Entity Name MANATEE BAY ASSOCIATES, LLC | | | | | | | |
| Principal Place of Business C/O HERONS GLEN 12800 UNIVERSITY DR, STE 400 FT MYERS, FL 33907 | | | Mailing Address C/O HERONS GLEN 12800 UNIVERSITY DR, STE 400 FT MYERS, FL 33907 | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | |
| City & State | | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0278379 | | | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | | | |
| CALLAHAN, W. SCOTT ESQ C/O STUMP, STOREY, CALLAHAN & DIETRICH, PA 37 N. ORANGE AVE., STE. 200 ORLANDO, FL 32801 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | 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 | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | CORDELLO, DOUGLAS J | | NAME | | | | |
| STREET ADDRESS | 12800 UNIVERSITY DR, STE 400 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | FT MYERS, FL 33907 | | CITY-ST-ZIP | | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | ROSEN, MICHAEL E | | NAME | | | | |
| STREET ADDRESS | 12800 UNIVERSITY DR, STE 400 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | FT MYERS, FL 33907 | | CITY-ST-ZIP | | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | CALLAHAN, W. SCOTT | | NAME | | | | |
| STREET ADDRESS | 37 NORTH ORANGE AVE, STE 200 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| 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. | | | | | | | |
| SIGNATURE:  | | Doug Cordello | | 4.4.05 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | | | |
| | | | | 239.415.6238 | | | |