

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90104 007 ****50.00

20015544



DOCUMENT # L03000034448 1. Entity Name CC542 OF WINTER HAVEN, L.L.C.																											
Principal Place of Business 519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844		Mailing Address 519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844																									
2. Principal Place of Business 10830 SW 113 Place Suite, Apt. #, etc.		3. Mailing Address 10830 SW 113 Place Suite, Apt. #, etc.																									
City & State Miami Florida Zip 33176 Country		City & State Miami Florida Zip 33176 Country																									
4. FEI Number 20-0462656		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent MURPHY, JOHN 519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name John Murphy Street Address (P.O. Box Number is Not Acceptable) 10830 SW 113 Place City Miami FL Zip Code 33176																									
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 date if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE 2/24/05																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>519-B JONES AVENUE, SUITE 5, 2ND FLOOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HAINES CITY, FL 33844</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	MURPHY, JOHN		STREET ADDRESS	519-B JONES AVENUE, SUITE 5, 2ND FLOOR		CITY-ST-ZIP	HAINES CITY, FL 33844		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">10830 SW 113 Place</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Miami FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33176</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	10830 SW 113 Place	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Miami FL		STREET ADDRESS	33176		CITY-ST-ZIP		
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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 2/20/05 8634229777 Daytime Phone #																									

JOHN MURPHY