



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90104 043 ****50.00

DOCUMENT # L03000036002 1. Entity Name 5150 SO FLA (D), LLC					
Principal Place of Business 5300 SOUTH FLORIDA AVE., SUITE E-2 LAKELAND, FL 33813			Mailing Address PO BOX 5378 LAKELAND, FL 33807-5378		
2. Principal Place of Business 5150 S. Florida Ave.		3. Mailing Address P.O. Box 5078			
Suite, Apt. #, etc. Ste. 319		Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL			
Zip 33813		Zip 33807			
Country USA		Country USA		03292005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0251455				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 WENDEL, JOHN F WENDEL & CHRITTON, CHARTERED 5300 S. FLORIDA AVE. LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 225 E. Lemon St. Ste. 300 City Lakeland FL Zip Code 33801		
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	MGRM WENDEL, JOHN F PO BOX 5378 LAKELAND, FL 33807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wendel, John F. 225 E. Lemon St. Ste. 300 Lakeland, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, ALBERT G PO BOX 5378 LAKELAND, FL 33807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wendel, Albert G. 5150 S. Florida Ave. Ste. 319 Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Albert G Wendel</u> ALBERT G WENDEL			4/30/05		863/648-9626