## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** May 04, 2004 8:00 am Secretary of State 05-04-2004 90020 050 \*\*\*\*50.00

DOCUMENT # L03000040010  1. Entity Name HAMPTON MANOR AT DEERWOOD, LLC								05-04-2004 90020 050 ****50.00					
Principal Place of Business 3056 SW 41ST LANE 0CALA, FL 34474			Mailing Address 3056 SW 41ST LANE OCALA, FL 34474				<b>]</b>	24064801					
2. Principal Plac	e of Busine	3. Mailing Address				-							
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.					Chg-LLC	CR2E	083 (10/03)		
City & State			City & Sta	City & State				Number	399	300		oplied For of Applicable	
Zip	Country		Zip		Count	Country		ertificate of S	Status Desired	, D	\$5.00 Add		
	6. Name	and Address of Current i	Registered Agr	ent			7. Na	ume and Ad	ktress of Nev	v Registered	Agent		
KAUFFMAN,	IAVE	•				Name							
6526 CENTRAL AVE.						Street Addres	is (P.O. 80)	x Number is	Not Accepta	ible)			
SI. PEIERS	BURG,					······································							
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8. The above na	mod cotity	submits thin statement for	r the purpose of	f changing its r	egistere	ed office or regis	stered ager	nt, or both, i	n the State of	Florida. Lan	familiar with	and accept	
the obligations of register(se agent.)  SignATURG  Signeture, typed or ppffield name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reindating)  DATE													
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Filing Fee is \$50.00 Due by May 1, 2004							····		Flor		nent of Stat	18	
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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.													
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SIGNATU	SIGNATURE AND TYPED GEFFRATED MAKE OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REFRESENTATIVE Date Depting Prove #												