

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000040729**



1. Entity Name

IRWIN INVESTORS, LLC

Principal Place of Business

33 PRINCEWOOD LANE  
PALM BEACH GARDENS FL 33410

Mailing Address

P.O. BOX 8206  
JUPITER FL 33468



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-0290977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODGERS, ADAM  
33 PRINCEWOOD LANE  
PALM BEACH GARDENS FL 33410

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
MGR  
LEFFERDINK, M. VAN  
124 BEARS CLUB ROAD  
JUPITER FL 33477 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition  
U000000281157  
03/30/05-80047-022 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
MGR  
RODGERS, ADAM  
33 PRINCEWOOD LANE  
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
MGR  
DEAN, EDWARD  
5211 S.W. HAMMOCK CREEK DRIVE  
PALM CITY FL 33490 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

TITLE  
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CITY, ST, ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
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CITY, ST, ZIP  
☐ Change ☐ 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:**

*Edward W. Dean*

3/22/05 748 093/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #