

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90193 048 \*\*\*\*50.00

**DOCUMENT # L03000043495**

1. Entity Name  
LINDAHL DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business  
503 72ND STREET  
HOLMES BEACH, FL 34217 US

Mailing Address  
PO BOX 1276  
HOLMES BEACH, FL 34218 US

**20009803**



02042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1641929</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LINDAHL, SANDRA K  
503 72ND STREET  
HOLMES BEACH, FL 34217

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	LINDAHL, SANDRA K
STREET ADDRESS	503 72ND STREET
CITY- ST- ZIP	HOLMES BEACH, FL 34217

TITLE	MGR
NAME	LINDAHL, STEVEN M
STREET ADDRESS	503 72ND STREET
CITY- ST- ZIP	HOLMES BEACH, FL 34217

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/7/04

941-778-2426