


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000043585</b> 1. Entity Name HERMITAGE 300, LLC	
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Principal Place of Business P.O. DRAWER 229 TALLAHASSEE, FL 32302-0229	Mailing Address P.O. DRAWER 229 TALLAHASSEE, FL 32302-0229
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WAKEMAN, MARY L  
101 NORTH MONROE STREET, SUITE 900  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JAMES N 101 NORTH MONROE STREET, SUITE 900 TALLAHASSEE, FL 323020229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAKEMAN, MARY L 101 NORTH MONROE STREET, SUITE 900 TALLAHASSEE, FL 323020229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JOHN W 101 NORTH MONROE STREET, SUITE 900 TALLAHASSEE, FL 323020229
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**DO NOT WRITE  
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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, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_