## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L03000046888** 02-09-2005 90157 026 \*\*\*\*55.00 LANÓ ASSOCIATES II. L.L.C. Principal Place of Business Mailing Address 2147 PORTER LAKE DR., STE B 2147 PORTER LAKE DR., STE B SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 54-2134353 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVE, STE 300 SARASOTA, FL 34236 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change Addition TITLE Delete W.F. SCUTT, INC. NAME NAME 17507 WATERLINE RD. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34212 CITY-ST-ZIP CITY-ST-ZIP ππε Delete ☐ Change Addition RICHARD H ROSENBERG, INC. NAME NAME STREET ADDRESS 2147 PORTER LAKE DR. STE B STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP Delete Change Addition TIΠE TITLE KEVIN E BRUNDAGE, INC NAME NAME STREET ADDRESS 13926 SIENA LOOP STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE LAND ASSOCIATES, L.L.C. NAME NAME STREET ADDRESS 2147 PORTER LAKE DR. STE. B STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not quarry 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. 941-371-9800

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Feb 09, 2005 8:00 am