

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053274

FILED
Jul 14, 2005
Secretary of State

Entity Name: OLD CR 54 TOWNHOMES, L.L.C.

Current Principal Place of Business:

4821 U.S. HWY. 19, STE. 3
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4821 U.S. HWY. 19, STE. 3
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 77-0617947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KALOGIANIS, CONSTANTINE
4821 U.S. HWY. 19, STE. 3
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KALOGIANIS, CONSTANTINE
Address: 4752 CRESTKNOLL LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR () Delete
Name: KALOGIANIS, KATHY T
Address: 4752 CRESTKNOLL LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR () Delete
Name: ZAMAKIS, ARISTIDIS
Address: 5848 OTIS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR () Delete
Name: ZAMAKIS, STAVROULA
Address: 5848 OTIS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CONSTANTINE KALOGIANIS

MGR

07/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date