

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90030 001 ****50.00

DOCUMENT # L03000055041

1. Entity Name
CADY-WAY, L.L.C.



Principal Place of Business
**800 NORTH HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803 US**

Mailing Address
**800 NORTH HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803 US**

20050200



04222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0546013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, WARREN E
28 WEST CENTRAL BLVD., SUITE 401
ORLANDO, FL 32801**

**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	WILLIAMS, WARREN E MGR
STREET ADDRESS	28 WEST CENTRAL BLVD, SUITE 401
CITY- ST- ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	KROPP, STEVE MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY- ST- ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	CARLTON, CHARLES MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY- ST- ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	MCKINNEY, JOSEPH MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY- ST- ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	LAWLER, TOM MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY- ST- ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	TUTTLE, MILLS MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY- ST- ZIP	ORLANDO, FL 32803

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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 TITLED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/05 407-242-7717