

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90054 001 ***100.00

DOCUMENT # L03000055833

1. Entity Name
HENDRY CREEK, LLC



Principal Place of Business
**1429 COLONIAL BLVD.
SUITE 201
FORT MYERS, FL 33907 US**

Mailing Address
**1429 COLONIAL BLVD.
SUITE 201
FORT MYERS, FL 33907 US**

30002187



2. Principal Place of Business

P.O. Box 770277

3. Mailing Address

P.O. Box 770277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162005 Chg-LLC CR2E083 (10/03)

City & State

Naples FL

City & State

Naples, FL

4. FEI Number

20-0523122

Applied For

Not Applicable

Zip

34107

Country

US

Zip

34107

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANNAH, DOUGLAS J
1429 COLONIAL BLVD.
SUITE 201
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name

Douglas Hannah

Street Address (P.O. Box Number is Not Acceptable)

6632 Trail Blvd.

City

Naples, FL

FL

Zip Code

34108

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

D.J. M., managing member

3/15/05

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**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HANNAH, DOUGLAS J
P.O. BOX 770277
NAPLES, FL 34107** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SFL LAND TRUST
7181 COLLEGE PARKWAY #32
FORT MYERS, FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
 ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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 ☐ Change ☐ Addition

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CITY-ST-ZIP
 ☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/05

Date

239/597-7900

Telephone #