2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED May 02, 2005 8:00 am Secretary of State

☐ Change ☐ Addition

DOCUMENT # L0400001372 1. Entity Name SR33 IV, LLC						05-02-200	5 90100 ()44 ****5(0.00
Principal Place	e of Business	Mailing Address							
250 SOUTH F WINTER PARK	Park avenue, suite 630 K, Fl. 32789	P.O. BOX 3010 Winter Park, FL 327	790-3010						
2. Principal Pl	face of Business	3. Mailing Address							
				4 IEBJIED BU	RALIF HIN II RAIKI NALAI	84III 88III 68I8I	INDIA CULL IDELE (II	#1 (1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	04262005	Chg-LLC	CR2E	083 (10/03)	
City & State	9	City & State			4. FEI Numbe	er .			plied For at Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire	-	\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered		
BATTACLI	A 14/D		Name	1					
BATTAGLIA, W P 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789			Street	itreet Address (P.O. Box Number is Not Acceptable)					
	, u.u.q , 1								
				FL Zip Code					
			City			•	F	L Zip Cod	0
	named entity submits this statement for	or the purpose of changing its	<u>l</u>	or register	ed agent, or bot	h, in the State of		<u> </u>	
the obligati	ions of registered agent.		registered office		•	h, in the State of	Florida. I an	<u> </u>	
the obligati			<u>l</u>		•	h, in the State of		<u> </u>	
the obligati	ions of registered agent.		registered office		•	·	Florida. I an	<u> </u>	and accept
the obligati	ions of registered agent. Signature, typed or printed name of registered agent	t and tide if applicable. (NOT	registered office	nature required	when reinstating)	M	Florida. I an	payable to	and accept
signature _ Fil P. Title NAME	ions of registered agent. Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2005	t and tide if applicable. (NOT	E: Registered Agent sign 10. TITLE NAME	MGI	when reinstating)	ADDITION W.P.	DATE	payable to	and accept
SIGNATURE _ Fi DL 9. TITLE NAME STREET ADDRESS	ions of registered agent. Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2005	t and title if applicable. (NOT	TO. TITLE NAME STREET ADDRESS	MGI Bat	when reinstating)	ADDITION W.P.	DATE Ake check Ida Departs	payable to ment of State	and accept
SIGNATURE _ Fil DL 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ions of registered agent. Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2005	t and title if applicable. (NOT	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGI Bat	when reinstating)	ADDITION W.P.	DATE Ake check Ida Departs	payable to ment of State	and accept
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SIGNATURE _ FI DL 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	ions of registered agent. Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2005	t and title if applicable. (NOT	10, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MGF Bats PO Wir	when reinstating)	ADDITION W.P.	DATE Ake check Ida Departs	payable to ment of State	and accept
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:	JP Bay	W.P. Battaglia, Manager	4/27/05	407-622-1700
SIGNATURE AND 1	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #