

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90076 050 ****50.00

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02052005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000004089 1. Entity Name SUZIANNA COURT, LLC					
Principal Place of Business 57 E. SEMINOLE ST STUART, FL 34994			Mailing Address 57 E. SEMINOLE ST STUART, FL 34994		
2. Principal Place of Business 709 SE 5th ST. Suite, Apt. #, etc.		3. Mailing Address 709 SE 5th ST. Suite, Apt. #, etc.			
City & State STUART FL		City & State STUART FL		4. FEI Number 05-0596459	
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LARAWAY, BRUCE D 57 E. SEMINOLE ST STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARAWAY, BRUCE D. 57 SE SEMINOLE ST. STUART FL 34994 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE:			Date 2/1/05 Daytime Phone # 772/220-3488		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					