2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 30, 2005 8:00 am
Secretary of State
03-07-2005 90059 001 ****55.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000005656

1. Entity Name

9 LANDSDOWNE LANE, L.L.C.

Principal Place of Business	Mailing Address
5855 MIDNIGHT PASS ROAD HARBOR TOWERS, APT. 530 SARASOTA FL 33756	5855 MIDNIGHT PASS ROAD HARBOR TOWERS, APT. ~~530~~ 507 SARASOTA FL 33756

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Harbor Towers Apt. 507 5855 Midnight Pass Rd. Sarasota, FL 34242-2101		Suite, Apt. #, etc. Harbor Towers Apt. 507 5855 Midnight Pass Rd. Sarasota, FL 34242-2101	
City & State		City & State	
Zip	Country USA	Zip	Country USA

4. FEI Number 20-0933-0191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RUGGLES, THOMAS W ESQ.~~ 603 INDIAN ROCKS ROAD BELLEAIR FL 33756	Name DURAND, ALBERT V. Street Address (P.O. Box Number is Not Acceptable) 5855 MIDNIGHT PASS RD APT 507 City SARASOTA FL Zip Code 34242-2101

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] ALBERT V. DURAND 2/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURAND, ALBERT V 5855 MIDNIGHT PASS ROAD - Apt 507 SARASOTA FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 608, Florida Statutes.

SIGNATURE: [signature] ALBERT V. DURAND 2/25/05 941-349-7241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #