

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-12-2005 90019 042 ****50.00

DOCUMENT # L04000007859

1. Entity Name
LUV-IT-HOMES III, LLC



Principal Place of Business
**1230 W. Indiantown Rd., Ste. 101
Jupiter, FL 33458**

Mailing Address
**1230 W. Indiantown Rd., Ste. 101
Jupiter, FL 33458**

30004395



2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

47-0937476

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

**ANDERSON, TIMOTHY K ESQ
407 COMMERCE WAY #4-A
JUPITER, FL 33458**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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 MGR ☒ Delete
NAME ARENA, FRANK R III
STREET ADDRESS 407 COMMERCE WAY #4-A
CITY-STATE-ZIP JUPITER, FL 33458

TITLE MGR ☒ Change ☐ Addition
NAME ARENA, FRANK R III
STREET ADDRESS 1230 W. Indiantown Rd., Ste. 101
CITY-STATE-ZIP Jupiter, FL 33458

TITLE MGR ☒ Delete
NAME ARENA, FRANK R II
STREET ADDRESS 407 COMMERCE WAY #4-A
CITY-STATE-ZIP JUPITER, FL 33458

TITLE MGR ☒ Change ☐ Addition
NAME ARENA, FRANK R II
STREET ADDRESS 1230 W. Indiantown Rd., Ste. 101
CITY-STATE-ZIP Jupiter, FL 33458

TITLE MGR ☐ Delete
NAME ARENA, ELEANOR R II
STREET ADDRESS 407 COMMERCE WAY #4-A
CITY-STATE-ZIP JUPITER, FL 33458

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

Date

Daytime Phone

4-8-05 561 716 3191