

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90068 021 ****55.00

DOCUMENT # L04000008188

1. Entity Name
SHADY ACRES PARK & MINI GOLF LLC



Principal Place of Business
**8763 E. GULF TO LAKE HWY
INVERNESS, FL 34450 US**

Mailing Address
**8763 E. GULF TO LAKE HWY
INVERNESS, FL 34450 US**

14019263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08132005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

41-2124857

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NANK, SANDRA V
8904 E. TSALA APOPKA DR.
INVERNESS, FL 34450**

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

Sandra V Nank

Aug 11, 2005

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME NANK, SANDRA V
STREET ADDRESS 8904 E. TSALA APOPKA DR.
CITY-ST-ZIP INVERNESS, FL 34450

TITLE MGR ☐ Delete
NAME NANK, KEITH A
STREET ADDRESS 8904 E. TSALA APOPKA DR.
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

Sandra V Nank

Aug 11, 2005

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

Date

Daytime Phone #

352-586-1806