

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012009

FILED  
Aug 08, 2005  
Secretary of State

**Entity Name:** BUSHWOOD ASSOCIATES, LLC

**Current Principal Place of Business:**

465 TRESKA ROAD  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

465 TRESKA ROAD  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CONLEY, BRIAN  
465 TRESKA ROAD  
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONLEY, BRIAN  
Address: 465 TRESKA ROAD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM ( ) Delete  
Name: CONLEY, MICHAEL  
Address: 465 TRESKA ROAD  
City-St-Zip: JACKSONVILLE, FL 32225 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRIAN CONLEY

MGRM

08/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date