## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000014073**

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FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Name CITY VIEW CONDOMINUMS, LLC							04-04-2005 9	0422 00	,, 50	
Principal Place of Business 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952			Mailing Address 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952			FEUUAUUA				
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite. Apt. #, etc.			Suite, Apt. #, etc.			03172005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State		4. FEI Numb	per			plied For t Applicable	
Zip	Country		Zip	Country		5. Certificate	e of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
DUNN, CAROL J 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952					Street Address	(P.O. Box Numb	per is Not Acceptable)			
					City			FL	Zip Code	
	<del></del>							<u> </u>		
	named entity ions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or regist	ered agenl, or bo	oth, in the State of Flor	ida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	E: Registere	d Agent signature requir	red when reinstating)	·	DATE		<del></del> .,
Filing Fee is \$50.00 Due by May 1, 2005							Make check payable to Florida Department of State			
Fi Di	iling Fee i ue by May	is \$50.00 y 1, 2005				į	l	_	-	ė
Fi Di	iling Fee i ue by May	is \$50.00 y 1, 2005 MANAGING MEMBER	S/MANAGERS	10.		j	l	Departm	ent of State	•
D:	iling Fee i ue by May	y 1, 2005	IS/MANAGERS	10.	<u></u>	į	Florida	Departm	ent of State	Addition
9.	ue by Ma	y 1, 2005  MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	_	ŀ	į	Florida	Departm	ent of State	
9. TITLE	MGRM DUNN, C	y 1, 2005  MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	TITLI NAM	ŀ	į	Florida	Departm	ent of State	
9. TITLE NAME	MGRM DUNN, CA 3191-B HA	MANAGING MEMBER  AROL J	· · · · · · · · · · · · · · · · · · ·	TITLI NAM STRE	E	i	Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MGRM DUNN, CA 3191-B HA	MANAGING MEMBER MAROL J ARBOR BLVD	· · · · · · · · · · · · · · · · · · ·	TITLI NAM STRE	E Et address -St-72P	į	Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, CA 3191-B HA	MANAGING MEMBER MAROL J ARBOR BLVD	☐ Delete	TITLI NAM STRE CITY	E ET ADDRESS -ST-ZIP	į	Florida	Departm	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM DUNN, CA 3191-B HA	MANAGING MEMBER MAROL J ARBOR BLVD	☐ Delete	TITLI NAM STRE CITY TITLI NAM	E ET ADDRESS -ST-ZIP	į	Florida	Departm	ent of State	☐ 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #