- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED May 20, 2005 8:00 am Secretary of State

DOCUMENT # L04000015709" " 1. Entity Name					04-25-2005 90099 046 ****50.00				
COUNTRYVIEW MEADOWS OF POLK COUNTRY, L.L.C.									
Principal Place of Business Mailing Address					1				
	GHWAY 98 NORTH		29 U.S. HIGHWAY 98 NORTH						
LAKELAND	FL 33809	LAKELAND FL 33809	AKELAND FL 33809			300	0672	3	
							in in î	immona	TH IN ATT
2. Principal Place of Business 3		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		]	tst MOORE	CR2E0	33 (10/04)	
City & State		City & State	City & State		4. FEI Nun	151-01.44	461		plied For t Applicable
Zip	Country	Žiр	Zip Count		5. Certifica	te of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	7. Name and Address of New Registered Agent							
Name								•	ļ
SAUNDERS, JOE L 5529 U.S. HIGHWAY 98 NORTH LAKELAND FL 33809				Street Address (P.O. Box Number is Not Acceptable)					
LAN	ELAND FL 33609								}
		·		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 narrie of registered agent and table if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florid					nt of State				
Due By May 1, 2									
9.	MANAGING MEMBERS/MANAGERS 10					ADDITIONS	/CHANGE		<u> </u>
NAME	MGR SAUNDERS, JOE L	☐ Oelete	TITL NAM					Change	Addition
_				ET ADORESS					- 1
CITY-ST-ZIP	LAKELAND FL 33809		CITY	-ST-ZIP					
TITLE	MGEH	☐ Delete	1111					☐ Change	Addition
NAME STREET ADDRESS	HILHTELDY, KTENTYE	7.4 /-	NAN	ET ADDRESS					
CITY-ST-ZIP	SSZY US HWY 90	H		-ST-ZIP					
TITLE	LAILATELA, KENATES SIZY US HWY 90 LAKTELAND, FL	55009 Delets	1171				· · · · · ·	Change	Addition
NAME	Í ,		NAM	-					
STREET ADDRESS				ET ADDRESS					1
CITA-21-715				-S1-ZIP					
TITLE NAME		Delete	TITL NAM					Change	Addition
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CITY-ST-ZIP			CITY	'-ST-ZtP					
TITLE		☐ Delete	TITL	E				☐ Changa	Addition
NAME STREET ADDRESS			NAM	EET ADDRESS					ļ
CITY-\$1-ZIP				!-\$T-71P					
IITLE		☐ Defeta	TITL					☐ Change	Addition
NAME		- C010W	NAM	i					
STREET ADDRESS	!			EFT ADDRESS					l
CITY-ST-ZIP	<u> </u>	Late ge		-S1-ZIP		A			
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 it 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.									