

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90050 024 ****50.00

DOCUMENT # L04000022759 1. Entity Name INDEPENDENCE SQUARE PLAZA, LLC					
Principal Place of Business 5350 SPRING HILL DRIVE SPRING HILL, FL 34606			Mailing Address 5350 SPRING HILL DRIVE SPRING HILL, FL 34606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02082005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0908041				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGELLO, AGNES 5350 SPRING HILL DRIVE SPRING HILL, FL 34606			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 _____ Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, PARIKSITH 5350 SPRING HILL DRIVE SPRING HILL, FL-34606	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AURO MANAGEMENT, LLC 5350 Spring Hill Drive Spring Hill, FL-34606
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ PARIKSITH SINGH 2-15-05 352-688-8116 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					