

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-04-2005 90040 010 ****50.00

DOCUMENT # L04000024471 1. Entity Name THE REMINGTON AT PONTE VEDRA, LLC					
Principal Place of Business 100 ATLANTA TECHNOLOGY CENTER 1575 NORTHSIDE DRIVE, SUITE 200 ATLANTA, GA 30318			Mailing Address 100 ATLANTA TECHNOLOGY CENTER 1575 NORTHSIDE DRIVE, SUITE 200 ATLANTA, GA 30318		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-1063044			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			02252005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent BUSS, ADAM SMITH, GAMBRELL & RUSSELL, LLP 50 N. LAURA STREET, SUITE 2600 JACKSONVILLE, FL 32202				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr LeCraw SunCoast Investors, LLC 1575 Northside Dr, NW 100 ATC STE 2000 Atlanta, GA, 30318		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: _____			5/24/05 404-352-2800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					