## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # L04000027994  1. Enlity Name 322 STUART LLC						04-15-2005	5 90019 040 **	**50.00
1 '	ce of Business ITRAL PARKWAY 34994	Mailing Address 621 SE CENTRAL PARKWAY STUART, FL 34994						
2. Principal I	Place of Business Northlake Blvd	3. Mailing Address 3555 Northlake Blvd						
Suite, Apt		Suite, Apt. #, etc.			02102005	Chg-LLC	CR2E083 (10/	03)
City & Sta	<sub>te</sub> Beach Gardens FL	City & State Palm Beach Gardens FL			4. FÉI Num 84-1	ber . 6 4 5 5 1 7	_	Applied For Not Applicable
Zip 33403	Country	Zip 3 3 4 0 3	Count		5. Certifica	te of Status Desired	□ \$5.00 Fee Rec	Additional quired
	6. Name and Address of Current F	Registered Agent		Name	7. Name ar	d Address of New I	Registered Agent	
KELLY, G	EORGE T IV			Gaeta	Neil	.J		
	ENTRAL PARKWAY FL 34994	Stree 3.5		Street Address 3555 No	ddress (P.O. Box Number is Not Acceptable) Northlake Blvd			
STUART,	rt 34994 * 19							
				City Palm Be	each Ga	rdens	FL Zip	Code 3 4 0 3
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.								
2/21/45								
SIGNATURE Signature, typed of permitted name of registered egroff and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE								
Filing Fee is \$50.00 Due by May 1, 2005							ke check payable a Department of S	
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE NAME	MGR KELLY, GEORGE T IV	☐ Delete	TITLE NAME	1			Char	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	621 SE CENTRAL PARKWAY		STREE	T ADDRESS ST-ZIP			•	
TITLE	MGR Delete		TITLE				☐ Char	nge 🔲 Addition
NAME STREET ADDRESS	GAETA, NEIL J 3555 NORTHLAKE BOULEVARD	NAM STRE		ET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	403 CITY-S		ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME	l l			Chan	ige 🗌 Addition
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NAME		☐ Detete	TITLE NAME				☐ Chan	ige 🔲 Addition -
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CITY-ST-ZIP TITLE		Delete	TITLE	ST-ZIP			☐ Chan	nge
NAME		O Deserte	NAME	l l				år □ vogitinii
STREET ADORESS				T ADDRESS				
CITY-ST-ZIP	certify that the information supplied with t	his filing does not qualify for		\$T-ZIP	ection 119.07/2	Yii) Florida Statutes	Liurther cortify that the	ne information
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 reserves, or trustee employed to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OF FRINTED NAME OF SIGNAN MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Daile  Daile  Daylorine Proces								