


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90075 050 \*\*\*\*50.00

<b>DOCUMENT # L04000036999</b>			
1. Entity Name INSPIRION LAND TRUST MANAGEMENT GROUP, LLC			
Principal Place of Business 12627 SAN JOSE BLVD SUITE 302 JACKSONVILLE, FL 32223		Mailing Address 12627 SAN JOSE BLVD SUITE 302 JACKSONVILLE, FL 32223	
2. Principal Place of Business 6817 Southpoint Parkway Suite, Apt. #, etc. 1804		3. Mailing Address P.O. Box 600652 Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country USA	Zip 32260	Country USA



04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-1124936  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARPER, LEWIS W 12627 SAN JOSE BLVD SUITE 302 JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name LEWIS W. HARPER Street Address (P.O. Box Number is Not Acceptable) 6817 Southpoint Parkway, STE 1804 City Jacksonville FL Zip Code 32216	
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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.

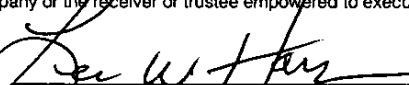
SIGNATURE  DATE 4-9-05  
(NOTE: Registered Agent signature required when reinstating)

**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	MGRM HARPER, LEWIS W 233 CROOKED COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, DEBRA S 233 CROOKED COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**  LEWIS W. HARPER MGR/MGR 4-9-05 904-896-9270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #