

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90030 023 \*\*\*\*50.00

<b>DOCUMENT # L04000038272</b> 1. Entity Name <b>THE GARDENS RESALE, L.L.C.</b>					
Principal Place of Business <b>11300 US HIGHWAY 301 NORTH PARRISH, FL 34219</b>			Mailing Address <b>11300 US HIGHWAY 301 NORTH PARRISH, FL 34219</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">30006328</div> <div style="margin-top: 10px;">             01192005   Chg-LLC   CR2E083 (10/03)              4. FEI Number <b>20-1150183</b>   <input type="checkbox"/> Applied For              Not Applicable              5. Certificate of Status Desired   <input type="checkbox"/> \$5.00 Additional Fee Required           </div>	
City & State		City & State			
Zip      Country		Zip      Country			
6. Name and Address of Current Registered Agent <b>RUSSELL, JEFFREY S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIHEVIC, EDWARD 11300 US HIGHWAY 301 NORTH PARRISH, FL 34219 <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	<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	<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	<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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Edward Mihovic</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>4-13-05 (941) 776-1252</b> <small>Date      Daytime Phone #</small>	