2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000038385 01-27-2005 90078 017 ****50.00 LAZAR & HUTCHINSON ASSOCIATES, LLC Mailing Address Principal Place of Business 40004334 28100 ALFRED MOORE COURT 28100 ALFRED MOORE COURT BONITA SPRINGS, FL 34135 **BONITA SPRINGS, FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FFI Number Applied For 41-2137729 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Lec Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUTCHINSON, ROSEMARY K Street Address (P.O. Box Number is Not Acceptable) 28100 ALFRED MOORE COURT BONITA SPRINGS, FL 34135 City 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delete TITLE ☐ Addition ☐ Change HUTCHINSON, ROSEMARY K NAME NAME 28100 ALFRED MOORE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP Delete TITLE ☐ Addition HUTCHINSON, MICHAEL T NAME NAME 28100 ALFRED MOORE COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP BONITA SPRINGS, FL 34135 CITY-ST-ZIP MGRM Delete TITL F Change ■ Addition TITLE LAZAR, JAY R 28505 F.B. Fowler CL Bonda Spring FL-34135 -12625 FOX RIDGE DRIVE #1102 STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL. 34135 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TILE Change Ch ■ Addition LAZAR, KAREN J NAME NAME 28505 F.B. Fuwler Ct. 12835 FOX RIDGE DRIVE #1102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP 34135 Bonita Spring TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP tm ε Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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. 1/22/05 239)992-0141 CPA

FILED

Jan 27, 2005 8:00 am