

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90026 006 ****50.00

DOCUMENT # L04000040162			
1. Entity Name COURTLAND EQUITIES, LLC			
Principal Place of Business PO BOX 1328 ZEPHYRHILLS, FL 33549		Mailing Address PO BOX 1328 ZEPHYRHILLS, FL 33549	
2. Principal Place of Business 4614 Courtland St.		3. Mailing Address PO Box 1328	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Zephyrhills FL	
Zip 33610		Zip 33539	
Country USA		Country USA	
4. FEI Number 20-1172341		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGER, BERNARD A ESQ 3107 STIRLING RD, STE 105 FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MGR
STREET ADDRESS		STREET ADDRESS	Rosetta Berlongieri
CITY-ST-ZIP		CITY-ST-ZIP	9220 Pine Island Ct. Tampa, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MGR
STREET ADDRESS		STREET ADDRESS	Ronald Kawachi
CITY-ST-ZIP		CITY-ST-ZIP	9220 Pine Island Ct. Tampa, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 606, Florida Statutes.			
SIGNATURE: Rosetta Berlongieri, Manager		4/17/05 (813)-309-2302	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	