


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L04000040162</b>					
<b>1. Entity Name</b> COURTLAND EQUITIES, LLC					
<b>Principal Place of Business</b> PO BOX 1328 ZEPHYRHILLS, FL 33549			<b>Mailing Address</b> PO BOX 1328 ZEPHYRHILLS, FL 33549		
<b>2. Principal Place of Business</b> 4614 Courtland St.		<b>3. Mailing Address</b> PO Box 1328			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa FL		<b>City &amp; State</b> Zephyrhills FL		<b>4. FEI Number</b> 20-1172341	
<b>Zip</b> 33610		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SINGER, BERNARD A ESQ 3107 STIRLING RD, STE 105 FORT LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>  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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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>					
<b>SIGNATURE:</b> 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 #		