2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State
02-07-2005 90286 024 ****50.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000041471

1. Entity Name

LYNNWOOD L.L.C.

Principal Place of Business	Mailing Address
1501 DORIA LANE LADY LAKE FL 32159	1501 DORIA LANE LADY LAKE FL 32159

2. Principal Place of Business	3. Mailing Address
As Above	As Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: SUMTER	Zip / Country: SUMTER

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKEEVER, JOHN P
500 N.E. 8TH AVE.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name: Melvin E. Lynn Jr.
Street Address (P.O. Box Number is Not Acceptable): 1501 DORIA LANE
City: Lady Lake FL Zip Code: 32159

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: Melvin E. Lynn Jr. DATE: 1-31-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Melvin E. Lynn Jr. 1501 DORIA LN LADY LAKE, FL. 32159 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nancy A. Lynn 1501 DORIA LN LADY LAKE, FL. 32159 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ Secretary ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Melvin E. Lynn Jr. 1-31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #