2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 22, 2005 8:00 am Secretary of State 02-18-2005 90128 029 ****50.00 DOCUMENT # L04000043803 LLOYD CREEK PROPERTIES, LLC 30010248 Principal Place of Business Mailing Address 11951 MICCOUSUKEE ROAD 11951 MICCOUSUKEE ROAD TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEi Number 20-1295727 Not Applicable Country \$5.00 Additional Žip Country Zip 5. Certificate of Status Desired , Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, CHARLES M II Street Address (P.O. Box Number is Not Acceptable) 11951 MICCOUSUKEE ROAD TALLAHASSEE, FL 32309 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE WARD, CHARLES M II NAME 11951 MICCOUSUKEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP ☐ Delete ☐ Change 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 perquality 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.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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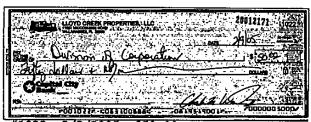
ATTACHMENT

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#1022 3/3/2005 \$50.00

Capital City
Bank

The fee for the annual report has previously been paid.

Report needed FEID number added.