

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90093 015 \*\*\*\*50.00

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<b>DOCUMENT # L04000044928</b>					
1. Entity Name SUWANNEE POINT, LLC					
Principal Place of Business 240 NW 76 DRIVE SUITE D GAINESVILLE, FL 32607			Mailing Address 240 NW 76 DRIVE SUITE D GAINESVILLE, FL 32607		
2. Principal Place of Business 3760 NW 83rd Street Suite, Apt. #, etc. Suite 1 City & State Gainesville, FL Zip 32606 Country USA		3. Mailing Address 3760 NW 83rd Street Suite, Apt. #, etc. Suite 1 City & State Gainesville, FL Zip 32606 Country USA		01192005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 43-2057342				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  HODOR, ANDREW G 240 NW 76 DRIVE SUITE D GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name HODOR, ANDREW G. Street Address (P.O. Box Number is Not Acceptable) 3760 NW 83rd Street, Suite 1 City Gainesville, FL Zip Code 32606		
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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODOR, ANDREW G 240 NW 76 DRIVE, SUITE D GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HODOR, ANDREW G. 3760 NW 83rd Street, Suite 1 Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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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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		
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		
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:			Andrew G. Hodor, Manager		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

(352) 336-3996