

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000045589</b> 1. Entity Name <b>CIRCLE L HOLDINGS OF MANATEE COUNTY, LLC</b>				 <b>FILED</b> <b>05 MAY -2 PM 2:21</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>7645 TRALEE WAY</b> <b>BRADENTON, FL 34203 34202</b>		Mailing Address <b>7645 TRALEE WAY</b> <b>BRADENTON, FL 34203 34202</b>		 04122005 Chg-LLC CR2E083 (10/03) 4. FEI Number <b>55-0871832</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
2. Principal Place of Business <b>7645 TRALEE WAY</b> Suite, Apt. #, etc. <b>BRADENTON FL</b> City & State		3. Mailing Address <b>P.O. BOX 623</b> Suite, Apt. #, etc. <b>TALLEHAST FL</b> City & State			
Zip <b>34202</b> Country <b>USA</b>		Zip <b>34270</b> Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>HRIC, MICHAEL</b> <b>2801 FRUITVILLE ROAD</b> <b>SUITE 100</b> <b>BRADENTON, FL 34203</b>		7. Name and Address of New Registered Agent Name <b>LORI M. DORMAN, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 12th STREET WEST</b> City <b>BRADENTON FL</b> Zip Code <b>34205</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. SIGNATURE <b>4/22/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>LYNN, JESSE J</b> <b>7645 TRALEE WAY</b> <b>BRADENTON, FL 34203 34202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>LYNN, JESSE J.</b> <b>34202</b>	<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	<b>400054223124</b> <b>05/10/05--01070--005 **858.75</b>	<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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4-22-05 941-907-7240</b> <small>Date Daytime Phone #</small>		