

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045920 1. Entity Name CIRCLE L HOLDINGS OF HILLSBOROUGH COUNTY, LLC		 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 05 MAY -2 PM 2:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 7645 TRALEE WAY BRADENTON, FL 34203 34202		Mailing Address 7645 TRALEE WAY BRADENTON, FL 34203 34202	
2. Principal Place of Business 7645 TRALEE WAY Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 623 Suite, Apt. #, etc.	
City & State BRADENTON FL Zip 34202 Country USA		City & State TALLEHAST FL Zip 34270 Country USA	
4. FEI Number 55-1871817		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent HRIC, MICHAEL 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name LORI M. DORMAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 601 12th STREET WEST City BRADENTON FL 34205	
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 04/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME LYNN, JESSE J STREET ADDRESS 7645 TRALEE WAY CITY-ST-ZIP BRADENTON, FL 34203 34202	<input type="checkbox"/> Delete	TITLE MEM NAME LYNN, JESSE J. STREET ADDRESS 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 900054223179 05/10/05--01070--005 **858.75 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
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:		4/22/05 941-907-7240	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	