

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-04-2005 90430 047 ****50.00

DOCUMENT # L04000046765

1. Entity Name
CITY3, LLC



Principal Place of Business

**3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239**

Mailing Address

**3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239**

2. Principal Place of Business

Dunlap & Moran, P.A.

Suite, Apt. #, etc.

1990 Main Street, Ste. 700

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

3. Mailing Address

Dunlap & Moran, P.A.

Suite, Apt. #, etc.

PO Box 3948

City & State

Sarasota, FL

Zip

34230

Country

Sarasota

03182005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

56-2479174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUZIER, THOMAS B ESQ.
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

Luzier, Thomas B Esq.

Street Address (P.O. Box Number is Not Acceptable)

Dunlap & Moran, P A

1990 Main Street, Suite 700

City

Sarasota

FL

Zip Code
34236

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **TREFRY, JANET**
CITY-ST-ZIP **130 N. TAMiami TRAIL
SARASOTA, FL 34236**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **SODA, JIM**
CITY-ST-ZIP **130 N. TAMiami TRAIL
SARASOTA, FL 34236**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **TIMMINS, CHERYL**
CITY-ST-ZIP **130 N. TAMiami TRAIL
SARASOTA, FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Janet Trefry

Date

3/28/05

Daytime Phone #

926-7000