

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90121 044 ****50.00

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04142005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000047847 1. Entity Name ANCEL'S LANDING, LLC					
Principal Place of Business 2282 BLOSSOMWOOD DRIVE OVIEDO, FL 32765			Mailing Address 2282 BLOSSOMWOOD DRIVE OVIEDO, FL 32765		
2. Principal Place of Business <i>5021 Ashford Falls Lane</i>		3. Mailing Address <i>5021 Ashford Falls Lane</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Oviedo FL</i>		City & State <i>Oviedo FL</i>		4. FEI Number <i>20-2673087</i>	
Zip <i>32765</i>		Country <i>Seminole</i>		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 TAYLOR, KAYE-ANN 2282 BLOSSOMWOOD DRIVE OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>5021 Ashford Falls Lane</i> City <i>Oviedo</i> <i>FL</i> Zip Code <i>32765</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4/27/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, KAYE-ANN E 2282 BLOSSOMWOOD DRIVE OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>5021 Ashford Falls Lane Oviedo, FL 32765</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, LINCOLN B 2282 BLOSSOMWOOD DRIVE OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>5021 Ashford Falls Lane Oviedo, FL 32765</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4/27/05</i> Daytime Phone # <i>407 977 8889</i>		