2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT							OS APR 13 PM 12: 53 TALLAHASSEE. FLORIDA				
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1. Entity Nam	ne						TALL ALLTA	AV ~	2:53		
SMOKEY RIDGE LAND DEVELOPMENT, L.L.C.							JV ASS	SEE. FLO	ATE RIDA		
Principal Place of Business			Mailing Address			/	$JI \subseteq$		TUA		
1551 SANDSPUR ROAD MAITLAND, FL 32751			-1551 Sandspur Ro ad - Maitland, FL -327 51			•	• 1				
							O REGAL BIBEL BRAN DENN B	IIII ESKIL JITTA LEH	II IIII JIII IEDI	BE: 111 1878:	
2. Principal Place of Business			P. O. Box 4961								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03032005	Chg-LLC	CR2E08	3 (10/03)		
City & State			City & State Orlando, FL			4. FEI Numb	72-42	24//	/ 	plied For t Applicable	
Zip	Zip Country		Zip Country 3 2 8 0 2			5. Certificate	of Status Desired		5.00 Add	itional	
	6. Name and Address of Current F			<u></u>		7. Name and	d Address of New		ee Required gent	1	
Name									<u> </u>		
B & C CORPORTE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100					Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO, FL 32801						· · · · · · · · · · · · · · · · · · ·					
				City		··		FL	Zip Code	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or pr	inted name of registered agent an	to othe il applicable. (NO E	: Hegistared Agent sig	natura required	when reinistating)		DATE	: - V		
D	iling Fee is \$ ue by May 1	, 2005		_			Make check payable to Florida Department of State				
9.	MGR	MANAGING MEMBER	S/MANAGERS Delete	10.	TMG	⊇M	ADDITIONS	S/CHANGES	Change	S Addition	
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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 f 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.											
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	only only o		empowered to execute this	report as require	о ру спар		2-3-05	110			

