

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053069

**FILED**  
**Mar 16, 2005**  
**Secretary of State**

**Entity Name:** THE LEMON BAY LAND COMPANY, LLC

**Current Principal Place of Business:**

2650 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

2650 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

**FEI Number:** 20-2504318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANEWINCKEL, DEAN  
2650 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34224 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** HANEWINCKEL, DEAN  
**Address:** 2650 SOUTH MCCALL ROAD  
**City-St-Zip:** ENGLEWOOD, FL 34224 US

**Title:** MGR (X) Delete  
**Name:** MCCARTHY, JOSEPH  
**Address:** 13524 ROMFORD AVENUE  
**City-St-Zip:** PORT CHARLOTTE, FL 33981 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** DEAN HANEWINCKEL

MGR

03/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date