

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054794

Entity Name: GARDENIA PLACE LLC

**FILED**  
**Mar 07, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

187 GARDENIA STREET  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

11910 CYPRESS LINDS DR  
FORT MYERS, FL 33913

**New Mailing Address:**

FEI Number: 20-1443776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HENNINGS, CARLA  
11910 CYPRESS LINKS DR.  
FORT MYERS, FL 33913      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: MGRM      ( ) Delete  
Name: HENNINGS, IVAR  
Address: 11910 CYRESS LINKS DR.  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES:**

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: CARLA HENNINGS

RA

03/07/2005

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