

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-16-2005 90165 043 ****50.00

DOCUMENT # L04000055594					
1. Entity Name ISLES OF LAKE BUTLER, LLC					
Principal Place of Business 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751			Mailing Address 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1756197				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				30001920	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAXTER, RICHARD D ESQ MILLER, SOUTH, MILHAUSEN & CARR, P.A. 2699 LEE ROAD, STE. 120 WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		30001920	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRONE, MARK A. 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	MGR J. TODD SOUTH 2699 LEE RD SUITE 100 WINTER PARK, FL 32789	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	MGR FRANCO SCALA 7800 SOUTHLAND BLVD STE 109 ORLANDO, FL 32809	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	MGR KEN WATKINS 320 COMMERCE BLVD. STE #130 LAKE MARY, FL 32795	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Mark A. Crone</i>			3/11/05 407-539-1050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INDICATING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytona Phone #		