

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90025 021 \*\*\*\*50.00

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1st MOORE CR2E083 (10/04)

<b>DOCUMENT # L04000061143</b>					
1. Entity Name <b>COUNTRY TRAILS OF CENTRAL FLORIDA, L.L.C.</b>					
Principal Place of Business <b>208 W. ALAMO DRIVE LAKELAND FL 33813</b>			Mailing Address <b>208 W. ALAMO DRIVE LAKELAND FL 33813</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address <b>P.O. BOX 5400</b>  Suite, Apt. #, etc.		
City & State		City & State <b>LAKELAND FL</b>		4. FEI Number <b>32-0127066</b>	
Zip <b>33807-5400</b>		Country <b>USA</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>HARPER, ROBERT F III 208 W. ALAMO DRIVE LAKELAND FL 33813</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR HARPER, ROBERT F III 208 W. ALAMO DRIVE LAKELAND FL 33813</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:			4/14/05 863 647-5554		
SIGNATURE AND TYPE OF OFFICER OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
Robert F. Harper, III, Manager					