2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062064



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

1. Entity Name STEINHATCHEE PARCEL 3 LLC						03-17-2005 90137 041 ****55.00				
Principal Place of Business C/O FRANCINE HUSEMAN 8486 154TH CT N PALM BEACH GARDENS, FL			Mailing Address C/O Francine Huseman 8486 154th Ct N Palm Beach Gardens, Fl			2002200				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302005	Chg-LLC	CR2E	083 (10/03)	
City & State			City & State		4. FEI Numb		5 l		plied For t Applicable	
Zip	Zip Country		Zíp Country		try		e of Status Desired	×	\$5.00 Add Fee Require	
6. Name and Address of Current Reg			egistered Agent 7.			7. Name and	7. Name and Address of New Registered Agent			
At Limits may women at Antique talkmeter wheat					Name					
HUSEMAN, FRANCINE 8486 154TH CT N					Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS, FL 33418										
					City		•	FL	-	
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. (INCITE: Registered Agent signature required when rematating) DATE										
Filing Fee is \$50.00					. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
FI	lina Foo	Je \$50.00	}				Mak	e check (payable to	
		is \$50.00 by 1, 2005							payable to nent of Stat	Ð
			RS/MANAGERS	10.				a Departn	ment of State	.
D		y 1, 2005	RS/MANAGERS	10.			Fiorida	a Departn	ment of State	Addition
9.	MGRM	y 1, 2005			l l		Fiorida	a Departn	nent of State	
9.	MGRM	MANAGING MEMBER		TITL NAM	l l		Fiorida	a Departn	nent of State	
9. TITLE NAME	MGRM HUSEMA 8486 154	MANAGING MEMBER	☐ Delete	titl Nam Stre	E		Fiorida	a Departn	nent of State	
9. TITLE NAME STREET ADDRESS	MGRM HUSEMA 8486 154	MANAGING MEMBER NN, JOHN P ICT N	☐ Delete	titl Nam Stre	eet adoress -st-zip		Fiorida	a Departn	nent of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM HUSEMA 8488 154 PALM BE	MANAGING MEMBER NN, JOHN P ICT N	☐ Delete	TITL NAM STRE CITY	EET ADORESS -ST-ZIP		Fiorida	a Departn	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MGRM HUSEMA 8488 154 PALM BE	MANAGING MEMBER AN, JOHN P I CT N EACH GARDENS, FL 33 AN, FRANCINE	☐ Delete	TITL NAM STRE CITY TITL NAM	EET ADORESS -ST-ZIP		Fiorida	a Departn	Change	☐ 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.