

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 044 ****50.00

20056007



DOCUMENT # L04000062859 1. Entity Name I-75 COMMUNITY DEVELOPERS, LLC					
Principal Place of Business 6787 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940			Mailing Address 6787 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 201630092	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRESE, GARY B 930 S. HARBOR CITY BOULEVARD, SUITE 505 MELBOURNE, FL 32901				Name Robert M. Kush Street Address (P.O. Box Number is Not Acceptable) 6767 N. Wickham Road Suite 500 City Melbourne FL Zip Code 32940	
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. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUSH, ROBERT M		NAME		
STREET ADDRESS	6767 N. WICKHAM ROAD, SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRM Swain, Linda	
STREET ADDRESS			STREET ADDRESS	6767 N. Wickham Rd #500	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRM Mitchell Ken	
STREET ADDRESS			STREET ADDRESS	6767 N. Wickham Rd #500	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRM Temmel Stephen	
STREET ADDRESS			STREET ADDRESS	6767 N. Wickham Rd #500	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRM Toro, Margaret	
STREET ADDRESS			STREET ADDRESS	6767 N. Wickham Rd #500	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRM Sigmund, James L	
STREET ADDRESS			STREET ADDRESS	6767 N. Wickham Rd #500	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

ATTACHMENT

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I-75 Community Developers, LLC

Continuation of #11

Addition:

MGR

Prince, Frank R.

6767 N. Wickham Road, Suite 500

Melbourne, FL 32940