

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90088 002 ****55.00

DOCUMENT # L04000063425					
1. Entity Name ARMSTRONG VILLAGE AT INDIAN ROCKS BEACH DEVELOPMENT, LLC					
Principal Place of Business 13801 NORTH DALE MABRY HWY., SUITE 200 TAMPA, FL 33618			Mailing Address 13801 NORTH DALE MABRY HWY., SUITE 200 TAMPA, FL 33618		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOINS, ALLEN C/O AG ARMSTRONG DEVELOPMENT, LLC 13801 NORTH DALE MABRY HIGHWAY, SUITE 200 TAMPA, FL 33618				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 reinstating) DATE _____					
Filing Fee is \$60.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOINS, ALLEN 13801 NORTH DALE MABRY HWY., SUITE 200 TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, KIRBY J ONE ARMSTRONG PLACE BUTLER, PA 16001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEDWICK, DRU A ONE ARMSTRONG PLACE BUTLER, PA 16001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMIESON, DAVID R ONE ARMSTRONG PLACE BUTLER, PA 16001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jamieson, David R One Armstrong Place Butler, PA 16001	☒ 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: 			Date: April 26, 2005 813 265 4500		
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone		

30007487



03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1232384** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required