## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400069852  1. Entity Name REGENCY I, LLC					SECRETARY O NLLAHASSEE	PM 5: 36 OF STATE		
Principal Place of Business  5858 CENTRAL AVENUE 5858 CENTRAL AVENUE 57. PETERSBURG, FL 33707  ST. PETERSBURG, FL 33707						' <sup>FLORID</sup> A		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0406200	5 Chg-LLC	CR2E083 (10/03	3)	
City & State		City & State		4. FEI Nur	nber -/7/074	48	Applied For	
Zip	Country	Zip	Country		ate of Status Desired	\$5.00 A	dditional	
	6. Name and Address of Current R	egistered Agent	Name	7. Name s	nd Address of New I			
SEMBLER, GREGORY S				Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG, FL 33707			Sireery	Street Address (r.o. Box Number is Not Acceptable)				
			City			FL Zip Co	ode	
B. 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 registared agent ar	d title if applicable. (NOTE:	Registered Agent signa	rture required when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2005						ke check payable to a Department of St		
9.	MANAGING MEMBER		10.	m. 1/05 =	ADDITIONS UMEMBER	/CHANGES	(CC) 1 a a to 1	
TITLE NAME	;	☐ Delete	TITLE NAME	REGENCY	SQUARE	ASSOCIA		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS*	5858 CE	NTRAL A	VEHUE FL 33707	. • •	
TITLE		☐ Delete	TITLE	<u> </u>	NO DUKIS,	Chang	e	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	05/1	00054 9/0501008	755380  002 **55,	. 00	
TITLÉ	***************************************	☐ Delete	TMÉ			Change	e 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	e	
NAME		L Desert	NAME			L. Cildily		
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP					
TITLE		Detete	TITLE			Change	e Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		Delete	CITY-ST-ZIP			Change	e Addition	
TITLE NAME		∟ velete	NAME			CT MIN	C C AUGILION	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
11. I hereby o	certify that the information supplied with to on this report is true and accurate and ti	his filing does not qualify for the my signature shall have the	he exemption sta e same legal effe	ated in Section 119.07	3)(i), Florida Statutes.	I further certify that the	e information	
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 the 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 of trusteed impowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 4/19/05 727-384-6000								
SIGNATURE AND TYPED ON AND COMMENT AND COMMENT AND ANALOG REPRESENTATIVE Date Date Dayline Prone #								

FILED

CRAIG SHER, PRESIDENT