2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # L04000072696 1. Entity Name 333 SW 21ST TERRACE, LLC					04-04-2005 90418 032 ****50.00				
Principal Place	o of Business	Mailing Address			1				
Principal Place of Business		Mailing Address							
2960 JEFF MYERS CIRCLE Sarasota, FL 34240		2960 JEFF MYERS CIRCLE Sarasota, fl. 34240			ł	•			
SAKASUTA, FL 34240		SARASUTA, FL 34240							
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Principal Place of Business 3. Mailing Address				_	1				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005	Chg-LLC	CB2EC	83 (10/03)		
								(10/00)	·····
City & State	9	City & State			4. FEI Numb	oer Start			plied For
		ļ			20-	17695	16		t Applicable
Žíp	. Country	Zip	Country		5. Certificati	e of Status Desired	. 🗆	\$5.00 Add	
<u> </u>		<u> </u>			<u> </u>			Fee Require	ď
	6. Name and Address of Current	Registered Agent	Nac		7. Name an	d Address of New	Registered	Agent .	
DICCETT I	WILLIAM C		Nami)					
	MYERS CIRCLE		Stree	t Address (P.O. Box Numb	per is Not Acceptat	ole)		
	A, FL 34240		<u> </u>						
			City				FL	Zip Code	e
									
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office	or register	red agent, or b	oth, in the State of I	lorida. I am	tamiliar with,	and accept
and doingui	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent sig	nosture requirer	t when reinetating)		DATE		
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	ling Fee is \$50.00 ue by May 1, 2005		`\		•		ike check p da Departn	payable to nent of State	e
						Flori		ent of State	e
Di	ue by May 1, 2005		1		NAGING A	ADDITION	da Departm	ent of State	e Addition
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9. TITLE	ue by May 1, 2005	RS/MANAGERS	10.	MA W1 S 29	NAGING A LLIAM C 60 JEFF	ADDITIONS MEMBER . BISSETT MYERS CI	da Departin S/CHANGES RCLE	ent of State	
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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: William C Busett 03/30/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DE

WILLIAM C. BISSETT