

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074999

FILED
Jul 17, 2005
Secretary of State

Entity Name: LARGO DUNES LLC

Current Principal Place of Business:

88500 OVERSEAS HWY
APT 507
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

88500 OVERSEAS HWY
APT 507
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 33-1102347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOP, JONELLE
88500 OVERSEAS HWY
APT 507
TAVERNIER, FL 33070 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOP, JONELLE
Address: 88500 OVERSEAS HWY APT 507
City-St-Zip: TAVERNIER, FL 33070 US

Title: MGRM () Delete
Name: DIXON, MARK
Address: 22340 CHENOAK RD
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: MGRM () Delete
Name: DIXON, ROBYN
Address: 22340 CHENOAK RD
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: MGRM () Delete
Name: ROBERTS, DONNA
Address: 168 SUNSET GARDENS DR
City-St-Zip: TAVERNIER, FL 33070 US

Title: MGRM () Delete
Name: ROBERTS, TIM
Address: 168 SUNSET GARDENS DR
City-St-Zip: TAVERNIER, FL 33070 US

Title: MGRM () Delete
Name: FOX, ETHEL
Address: 40 HIGH POINT RD, APT G204
City-St-Zip: TAVERNIER, FL 33070 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JONELLE KOP

MGRM

07/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date