## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 31, 2005 8:00 am Secretary of State

DOCLI	· · · · · · · · · · · · · · · · · · ·			<del></del>		41 V UI 1714	1 LC
DOCUMENT # L0400076227  1. Entity Name FRUITVILLE DOWNTOWN DEVELOPMENT PARTNERS; L.L.C.						<b>ary of St</b> 5 90199 007 ****50	
Principal Place	of Business	Mailing Address				_	
Principal Place of Business  1401 MANATEE AVENUE WEST, SUITE 510  BRADENTON, FL 34205  Mailing Address  1401 MANATEE AVENUE WEST BRADENTON, FL 34205				)	<b>H</b>		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01112	005 Chg-LLC	CR2E083 (10/03)	
0: 40:		0'5 0 0'5-4-		4 551	<u>-</u>		plied For
City & State	9	City & State		4. FEI.	Number 20-18071		t Applicable
Zip	Country	Zip	Country		ificate of Status Desired	5.00 Add	itional
				<u>_</u>		Fee Required	<u> </u>
	6. Name and Address of Current I	Registered Agent	Name	7. Nan	e and Address of New	Registered Agent	
NORTON, SAM D			140116				
1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236			Street Ad	dress (P.O. Box	Number is Not Acceptab	ile)	
			:		-		
			City			FL Zip Code	3
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or i	registered agent	, or both, in the State of F	forida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent signatur	a required when reinst	uting)	DATE	
	Signature, types or printing rightly or registered eigenite	The state is applicable.	Linglatered Charit algustin	a radinar automor		<u>, bitte</u>	
	lling Fee is \$50.00 ue by May 1, 2005					ike check payable to da Department of State	2 · · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	S/CHANGES	
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	VINING, C. TIMOTHY	CUITE E40	NAME STREET ADDRESS				,
STREET ADDRESS CITY-ST-ZIP	1401 MANATEE AVENUE WEST BRADENTON, FL 34205	, 50/12/510	CITY-ST-ZIP				
TITLE	MGR						
HELL		☐ Delete	TITLE			Channe	Addition
NAME	UIHLEIN, JAMES	☐ Delete	TITLE NAME			☐ Change	☐ Addition
NAME STREET ADDRESS	UIHLEIN, JAMES 784 DREAM ISLAND ROAD	☐ Delete		· · ·	. •	☐ Change	Addition
	I	☐ Delete	NAME		. •	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	784 DREAM ISLAND ROAD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		. •	← Change .	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	784 DREAM ISLAND ROAD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		. •		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	784 DREAM ISLAND ROAD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		. •		
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11. Thereby certify that the information supplied with this limit does not dealing for the exemption stated in 1500 (3) (i) related 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: (2/EA' #18/EBU)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA

1/24/05 948-890-9435 Date Degime Phone #