

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90100 008 \*\*\*\*50.00

**DOCUMENT # L04000082151**

1. Entity Name

**BANANA RIVER MAINTENANCE, LLC**



Principal Place of Business

560 MCNABB PARKWAY  
COCOA BEACH FL 32931

Mailing Address

560 MCNABB PARKWAY  
COCOA BEACH FL 32931

2. Principal Place of Business

157 N. ORLANDO AVE

Suite, Apt. #, etc.

3. Mailing Address

157 N. ORLANDO AVE

Suite, Apt. #, etc.

City & State

COCOA BEACH FL

City & State

COCOA BEACH FL

4. FEI Number

57-1218142

Applied For

Not Applicable

Zip

32931

Country

BREVARD

Zip

32931

Country

BREVARD

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANSLEY, PATRICIA A  
560 MCNABB PARKWAY  
COCOA BEACH FL FL

7. Name and Address of New Registered Agent

Name

SAMUEL R. PETERS

Street Address (P.O. Box Number is Not Acceptable)

157 N. ORLANDO AVE

City

COCOA BEACH

FL

Zip Code

32931

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

SAMUEL R. PETERS

4/14/05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME ANSLEY, PATRICIA A  
STREET ADDRESS 560 MCNABB PARKWAY  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE MGR ☐ Delete  
NAME PETERS, SAMUEL R  
STREET ADDRESS 560 MCNABB PARKWAY  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

4/14/05

Date

321-868-1664

Daytime Phone #