2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

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7 WILLOW GREEN, LLC						,	SECON 30	PH		
Principal Place	e of Business		Mailing Address		] '4	LASTARY	11 5:21			
7 COUNTRY CLUB ROAD COCOA BEACH FL 32931 US			7 COUNTRY CLUB ROAD COCOA BEACH FL 32931 US			05 AUG 30 PH 5: 24,  SECRE OF STATE  ALLAHASSEE, FLORIE				
2. Principal Place of Business			3. Mailing Address			] \				
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.  City & State			4. FEI Num	Ist MOORE	CR2E083 (10/		ed For
						-1921850	***	Not A	pplicable	
Zip	Country		Zip Coun		ıry	<u>L</u>	te of Status Desired	Fee Re	Addition of the desired of the desir	onal ————
<del></del>	6. Name ar	nd Address of Current F	legistered Agent		Name	7. Name a	nd Address of New F	Registered Agent		
LYNCH, JULIE M					Street Address (P.O. Box Number is Not Acceptable)					
		LUB ROAD H FL 32931								
					City		<del></del>	FL Zip	Code	
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.										d accept
SIGNATURE _					<u> </u>					
	Signature, typed or p	printed name of registered agent a	nd trie if epplicable	(NOTE Registere	d Agent signature required	t when reinstating)		DATE		
			i		FEE IS \$50.00					
			Make Check Pa	-	•	nt of State				
		_		Due By M	ay 1, 2005					
9.		MANAGING MEMBEI		10.			ADDITIONS			
ince MGRM		M. LYNCH	Detete	. TITL				☐ c⊯	uđe (	Addition
NAME STREET ADDRESS	/ Country Club Road				ET ADDRESS					
CITY-SI-ZIP	[ Cocoa beach, rL 32931   I				-SI-ZIP					
HILE MGRM	KEVIN	M. LYNCH	Delete	TUFL	- 1			☐ Ch:	mga (	Addition
NAME STREET ADORESS	7 Coun	itry Club Roa	ıd	NAN Sim	ET ADORESS					
CITY-ST-ZIP	Cocoa	Beach, FL	32931		-51-7IP					
IITLE .			C Delete	TITL NAM	l l			☐ Cha	nge [	Addition
NAME Street address		••			EI ADDRESS					
CTTY-ST-ZIP					-S1-ZIP					ļ
PILE -	-		Delete	TITE	E			☐ Cha	rade [	Addition
NAME				NAM	1					
STREET ADDRESS CITY-ST-70P	٠,				TT ADDRESS -ST-ZIP				_	
TITLE		-	☐ Detete	nt	ľ			Cha	nga [	Addition
NAME STREET ADDRESS	1			NAM	EET ADDRESS					
CITY-SI-ZIP					-ST-77P					
IMLE			☐ Delete	UIL				☐ Cha	uđe [	Addition
NAME concer appears				NAM	l l					
STREET ADDRESS CITY-ST-ZIP	<u> </u>				EET ADDRESS ST-7IP			, 		
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 lumber 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608 provide Statutes.										
1000 Chalie Though ( 10/1 4/20/25 1221)799 200										
SIGNATURE: (321) 779-0985 SIGNATURE AND TYPEO DEPRINTED NAME OF SKONNO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DINO Deprint Promit										