2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # L04000093439 1. Entity Name SRY ELDER ROAD, LLC								03-2	28-200:	5 9028	35 043	3 ****50.	00
Principal Place of Business 1070 ELDER ROAD SANFORD; FL 32771			Mailing Address P.O. BOX 470040 LAKE MONROE, FL 32747					en som se	.	1 SSUIL BERL	. (2172)	D 31448 211(\$ 18	821 M 448 4
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt, #, etc.				0316200	5 Ch	g-LLC	c	CR2E08	33 (10/03)	
City & State		City & State				4. FEI Nun		7 - 9	001			plied For t Applicable	
Zip	Country		Zip Count		try	5. Certifica					_ F	55.00 Add ee Required	
		and Address of Current F	registered Agent		Name		7. Name a	na Adare	SS OT NE	w Hegis	tered A	gent	
WHITE, W. GRAHAM 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789						dress (f	(P.O. Box Number is Not Acceptable)						
					City						FL	Zip Code	э
	named entiti ons of regist	y submits this statement for tered agent.	the purpose of changing its	register	ed office or	register	ed agent, or	both, in th	ne State o	f Florida	. I am fa	amiliar with,	and accept
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signatu	re required	when reinstaling)				DATE		
Filing Fee is \$50.00 Due by May 1, 2005							Make check payable to Florida Department of State						
Fil Di	ling Fee i ue by Ma	is \$50.00 y 1, 2005											9
Fil Du	ling Fee i	is \$50.00 y 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.						rida De	partme		
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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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 3/22/5 4/07-32/-2357 SIGNATURE AND TYPED OR PRIJUTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIAGO DAYURE PROPER