

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90207 050 \*\*\*\*50.00

**DOCUMENT # L95000000257**



1. Entity Name  
**FIRST GARDENS, L.C.**

Principal Place of Business  
**2461 SOUTH LAKE SUMMITT DRIVE  
WINTER HAVEN, FL 33884**

Mailing Address  
**2461 SOUTH LAKE SUMMITT DRIVE  
WINTER HAVEN, FL 33884**



2. Principal Place of Business  
**5015 S. FLORIDA AVE./STE. 403  
LAKELAND, FL 33813**

3. Mailing Address  
**5015 S. FLORIDA AVE./STE. 403  
LAKELAND, FL 33813**

01212004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-3311771**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CLARK, RONALD L  
500 S. FLORIDA AVENUE, SUITE 800  
LAKELAND, FL 33801**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **REYNOLDS, WILLIAM C**  
STREET ADDRESS **2461 SOUTH LAKE SUMMITT DRIVE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **MGRM** ☐ Delete  
NAME **LABUDA, GLENN E**  
STREET ADDRESS **3440 LAKEVIEW DRIVE, S.E.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **MGRM** ☐ Delete  
NAME **MAXWELL, LAWRENCE W**  
STREET ADDRESS **500 S. FLORIDA AVE., SUITE 700**  
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **MGRM** ☐ Delete  
NAME **BROCK, DENNIS D**  
STREET ADDRESS **1103 CYPRESS GARDENS BLVD., #44**  
CITY-ST-ZIP **WINTER HAVEN, FL 33834**

TITLE **MGRM** ☐ Delete  
NAME **TRUPIANO, THOMAS J**  
STREET ADDRESS **301 LAUREL COVE WAY**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **REYNOLDS, WILLIAM C**  
STREET ADDRESS **5015 S. FLORIDA AVE./STE. 403**  
CITY-ST-ZIP **LAKELAND, FL 33813**

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

Date

Daytime Phone #

*William C. Reynolds*

*Jan 28, 2004 1-863-47-9998*