

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000076**

1. Entity Name  
THIRTY-EIGHT ANGELFISH CAY DRIVE L.C.



Principal Place of Business  
15 ANGELFISH CAY DRIVE  
NORTH KEY LARGO, FL 33037

Mailing Address  
15 ANGELFISH CAY DRIVE  
NORTH KEY LARGO, FL 33037



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3345193

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SAUNDERS, DONALD L  
20 PARK PLAZA, 7TH FLOOR  
BOSTON, MA 021164399

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AMGR  
KOZOL, JOEL A  
15 ANGELFISH CAY DRIVE  
NORTH KEY LARGO, FL 33037

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AMGR  
MEDWED, HOWARD D  
15 ANGELFISH CAY DRIVE  
NORTH KEY LARGO, FL 33037

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000190589  
01/24/05-60138-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Joel A. Kozol, Assistant Manager

1/19/05 617-227-5540  
Date Daytime Phone #