2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000290

1. Entity Name
COTTAGES OF GENTLE BREEZE, L.C.

Principal Place of Business	Mailing Address
9416 N. GENTLE BREEZE LOOP DUNNELLON, FL 34434	9416 N. GENTLE BREEZE LOOP DUNNELLON, FL 34434

08022005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
59-3431189
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, ROBERT
9416 N. GENTLE BREEZE LOOP
DUNNELLON, FL 34434

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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 Robert L. Schmidt 8/2/05
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHMIDT, ROBERT
STREET ADDRESS	9416 N. GENTLE BREEZE LOOP
CITY ST ZIP	DUNNELLON, FL 34434
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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CITY ST ZIP	

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08/19/05-80002-006 50.00

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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: Robert L. Schmidt 8/2/05 (352)489-5539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #