

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001325

Entity Name: LTD ASSOCIATES, L.C.

FILED  
Feb 25, 2005  
Secretary of State

**Current Principal Place of Business:**

1417 SADLER ROAD, UNIT 264  
AMELIA ISLAND, FL 320344466

**New Principal Place of Business:**

**Current Mailing Address:**

1417 SADLER ROAD, UNIT 264  
AMELIA ISLAND, FL 320344466

**New Mailing Address:**

FEI Number: 59-3478491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRIS, CLYDE C  
5389 FLORENCE POINT DRIVE  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: RICHARDS, PETER C  
Address: 1417 SADLER ROAD, UNIT 264  
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: MGR ( ) Delete  
Name: RICHARDS, JANE ADAMS  
Address: 1417 SADLER ROAD, UNIT 264  
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: MGR ( ) Delete  
Name: MORRIS, CLYDE C  
Address: 5389 FLORENCE POINT DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: WHITAKER, BRETT  
Address: 4143 NORTSHORE DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: YOUNG, RICHARD H  
Address: 1337 AUTUM TRACE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLYDE C. MORRIS

MGR

02/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date