
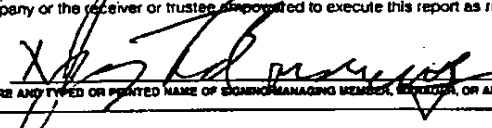


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90028 017 \*\*\*\*50.00

<b>DOCUMENT # L99000002746</b>			
1. Entity Name 728 VIRGINIA DRIVE, L.L.C.			
Principal Place of Business <del>358 W. GOMSTOCK AVENUE</del> WINTER PARK, FL 32789		Mailing Address <del>PO BOX 33275</del> <del>INDIAN LANTIC, FL 32903</del> Winter Park, FL <del>32790</del>	
2. Principal Place of Business		3. Mailing Address <del>PO Box 877</del> 1310 Aloma Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park FL		City & State FL	
Zip <del>32789</del> 32790		Country	
4. FEI Number 59-3579005		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MONTGOMERY, MICHAEL S <del>358 W. GOMSTOCK AVENUE</del> WINTER PARK, FL <del>32789</del> 32790		Name <del>PO Box 877</del> 1310 Aloma Ave. Winter Park, FL 32789	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, JAMES R <del>358 W. GOMSTOCK AVENUE</del> WINTER PARK, FL <del>32789</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			1310 Aloma Ave. <del>PO Box 877</del> Winter Park, FL <del>32790</del> 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, MICHAEL S <del>358 W. GOMSTOCK AVENUE</del> WINTER PARK, FL <del>32789</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			1310 Aloma Ave. <del>PO Box 877</del> Winter Park, FL <del>32790</del> 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 appointed to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 3-1-05	
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, RECEIVER, OR AUTHORIZED REPRESENTATIVE		Date	

1- Winter Park, FL 32789

