2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90179 029 ****50.00

DOCUMENT # L99000003494

1. Entity Name
WESTERN/SOUTHERN DEVELOPERS, LLC

Principal Place of Business	Mailing Address
1030 SE 17TH ST OCALA, FL 34471	P.O. BOX 830220 OCALA, FL 34483

20010513

01272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
401 NW 1st AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl.	City & State
Zip: 34475 Country: Marion	Zip Country

4. FEI Number: 65-0935726 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROW, CHESTER J 1 NE FIRST AVENUE, SUITE 303 OCALA, FL 34470	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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBRIGHT, ROBERT C 1030 SE 17TH STREET OCALA, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 NW 1ST AVENUE Ocala, Fl. 34475	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAUGHLIN, BEN G 3019 SW 27TH AVENUE, SUITE 102 OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1/31/2005 352-620-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #