


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003125 1. Entity Name THE RESIDENCES AT TOWNCENTER, LLC	
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Principal Place of Business 8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461	Mailing Address PO BOX 611575 ROSEMARY BEACH, FL 32461
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DO NOT WRITE IN THIS SPACE



03252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2322690	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

ZEITLIN, BRAD
8 GEORGETOWN AVE, STE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

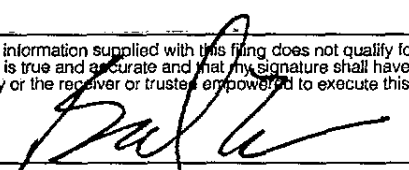
Filing Fee is \$50.00 Due by May 1, 2005	UN00000284536 04/02/05-80009-006 50.00
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOAIC CAPITAL PARTNERS II, LLC 8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EFISHUNT, LLC 21 SUNSET KEY DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

Date

Daytime Phone #