

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90023 023 \*\*\*\*50.00

**DOCUMENT # M03000004117**

1. Entity Name  
**AG PALM CROSSING 12, LLC**



Principal Place of Business  
**701 EAST BYRD STREET, 15TH FLOOR  
RICHMOND, VA 23219**

Mailing Address  
**701 EAST BYRD STREET, 15TH FLOOR  
RICHMOND, VA 23219**

**20056399**



2. Principal Place of Business

**1400 NW 107 Avenue**

3. Mailing Address

**1400 NW 107 Avenue**

Suite, Apt. #, etc.

**4th Floor**

Suite, Apt. #, etc.

**4th Floor**

04152005 Chg-LLC CR2E083 (10/03)

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number  
**23-6906288**

Applied For

Not Applicable

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

**USA**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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  
RES TRUST U/LAST WILL&TEST/C. L. KREIDER  
2431 PALO DURO BLVD.  
FORT MYERS, FL 33917**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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: Dan P. Kreider TRUSTEE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/25/05 215-918-2766**