

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90074 033 \*\*\*\*50.00

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04042005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # M98000000724</b> 1. Entity Name <b>LAUDERDALE-REGENCY SQUARE, L.L.C.</b>					
Principal Place of Business <b>2440 SE FEDERAL HIGHWAY, SUITE 600</b> <b>STUART, FL 34994</b>			Mailing Address <b>P.O. BOX 359</b> <b>STUART, FL 34995</b>		
2. Principal Place of Business <b>850 SW Martin Downs Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Palm City, FL</b>		City & State		4. FEI Number <b>65-0844931</b>	
Zip <b>34990</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHAR O'DONNELL, ADMINISTRATOR</b> <b>2440 SE FEDERAL HWY, SUITE 600</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>850 SW Martin Downs Blvd.</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <b>Char O'Donnell</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <b>4-12-05</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARRIS, STANLEY R 2440 SE FEDERAL HIGHWAY, SUITE 600 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: </b>					
<b>Stanley R. Garris</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4-12-05</b> <small>Date</small>		
<b>772-287-1844</b> <small>Daytime Phone #</small>					