

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002249

Entity Name: BUSINESSWORKS, LLC

FILED  
Mar 11, 2005  
Secretary of State

**Current Principal Place of Business:**

1800 PEMBROOK DRIVE  
SUITE 300  
ORLANDO, FL 32810

**New Principal Place of Business:**

301 EAST PINE STREET  
SUITE 150  
ORLANDO, FL 32801

**Current Mailing Address:**

1800 PEMBROOK DRIVE  
SUITE 300  
ORLANDO, FL 32810 US

**New Mailing Address:**

301 EAST PINE STREET  
SUITE 150  
ORLANDO, FL 32801 US

FEI Number: 59-3645011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEPALMA, PAUL A  
8243 RIVIERA SHORE  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEPALMA, PAUL  
Address: 381 WEKIVA COVE RD  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM ( ) Delete  
Name: WARD, JOHN M  
Address: 41 YACHT CLUB DRIVE  
City-St-Zip: CANANDAIGUA, NY 14424

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL A. DEPALMA

MGRM

03/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date