

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007510

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**Entity Name:** FENNEMAN & BROWN FLORIDA, LLC

**Current Principal Place of Business:**

6672 ESTERO BLVD., #308A  
FT. MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

5864 SOUTH EAST STREET  
INDIANAPOLIS, IN 46227

**New Mailing Address:**

FEI Number: 31-1718654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALLERSTEIN, MARTIN  
5689 ESTERO BLVD.  
FORT MYERS BEACH, FL 33931 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: FENNEMAN, CRAIG E  
Address: 5864 SOUTH EAST STREET  
City-St-Zip: INDIANAPOLIS, IN 46227

Title: MGR ( ) Delete  
Name: BROWN, CHARLES W  
Address: 5864 SOUTH EAST STREET  
City-St-Zip: INDIANAPOLIS, IN 46227

**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: CRAIG E. FENNEMAN

MGRM

01/06/2005

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