

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001210

FILED
Feb 03, 2005
Secretary of State

Entity Name: CABANISS, SMITH, TOOLE & WIGGINS, PL

Current Principal Place of Business:

485 N KELLER ROAD
#401
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

PO BOX 945401
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 59-3693674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, MICHAEL J MGR
485 N KELLER ROAD
SUITE 401
MAITLAND, FL 32751 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: MGR () Delete
Name: CABANISS, RONALD
Address: 485 N KELLER ROAD, STE 401
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: SMITH, LARRY D
Address: 485 N KELLER ROAD, STE 401
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: WIGGINS, MICHAEL J
Address: 485 N KELLER ROAD, STE 401
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: TOOLE, M. GARY
Address: 485 N KELLER ROAD, STE 401
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: SMITH, JOHN W
Address: 485 N KELLER ROAD, STE 401
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: WALLIS, FREDERIC R
Address: 485 N KELLER ROAD, STE 401
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

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

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

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

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

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: MICHAEL J. WIGGINS

MGR

02/03/2005

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