

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006084

FILED
May 23, 2005
Secretary of State

Entity Name: TREMEX, LLC

Current Principal Place of Business:

4640 PARADISE ISLE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4640 PARADISE ISLE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 43-1976377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REDMOND, ELKE TREMMEL
4640 PARADISE ISLE
DESTIN, FL 32541 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: REDMOND, ELKE TREMMEL
Address: 4640 PARADISE ISLE
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MBR () Change (X) Addition
Name: UWE, TREMMEL
Address: 4640 PARADISE ISLE
City-St-Zip: DESTIN, FL 32541

Title: MBR () Change (X) Addition
Name: REDMOND, N.D. JR.
Address: 4640 PARADISE ISLE
City-St-Zip: DESTIN, FL 32541

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: ELKE TREMMEL REDMOND

MGRM

05/23/2005

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