


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90017 041 \*\*\*\*50.00

**DOCUMENT # L03000045767**

1. Entity Name  
**PACKER ENTERPRISES, L.L.C.**



Principal Place of Business  
**105 CARIB DRIVE  
MERRITT ISLAND FL 32952**

Mailing Address  
**105 CARIB DRIVE  
MERRITT ISLAND FL 32952**

2. Principal Place of Business  
**4515 Hopkins**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 370**

Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State  
**Titusville FL**

City & State  
**Titusville FL**

Zip  
**32780**

Country  
**Brevard**

Zip  
**32781**

Country  
**Brevard**

4. FEI Number  
**20-1075262**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PACKER, BRUCE B SR.  
105 CARIB DRIVE  
MERRITT ISLAND FL 32952**

*OK*

7. Name and Address of New Registered Agent

Name  
~~PACKER, BRUCE B SR.~~

Street Address (P.O. Box Number is Not Acceptable)  
~~4515 Hopkins~~

City  
~~Titusville~~ **FL** Zip Code  
~~32780~~

*Same*

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.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **2/4/05**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. PACKER, BRUCE B SR 105 CARIB DR MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACKER, DONALD E 3105 ROYAL OAK DR TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* DATE: **2/4/05** 821-213-0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE