


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
4. Apr 27, 2005 8:00 am
Secretary of State
 04-06-2005 90021 036 ****50.00

DOCUMENT # L03000052358

1. Entity Name
LINER PATCH ENTERPRISES, LLC



Principal Place of Business
**6431 MT PLYMOUTH RD
 APOPKA, FL 32712**

Mailing Address
**6431 MT PLYMOUTH RD
 APOPKA, FL 32712**

30004004



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222005 Chg-LLC CR2E083 (10/03)

4. FEJ Number
20-0477749

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
 3150 SANDY RIDGE DR
 CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNN, RICKY M 6431 MT. PLYMOUTH RD APOPKA, FL 32712 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ricky M. Dunn* *Ricky M. Dunn* 4-14-05 407-493-8867
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD MEMBER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE