## 2005 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Feb 28, 2005 08:00 AM **DOCUMENT # L03000053395 Secretary of State** RICHARD MARETTI, LLC Principal Place of Business Mailing Address 1045 N HN/AY 1792 7104 BLEDSOE AVE LONGWOOD, FL 32750 ORLANDO, FL 32810 US 02192005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0512177 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ENGLEHARDT, JOHN C DO NOT WRITE 1524 E. LIVINGSTON ST. ORLANDO, FL 32803 IN THIS SPACE . 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, typed or printed name of regretored agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE MORETTI, RICHARD NAME STREET ADDRESS 2329 OVERSEAS HIGHWAY MARATHON, FL CITY-ST-ZIP TITLE ·沙尔尼尔克斯·西班牙格里斯特 与时间相 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-7IP TITLE

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 physiquatury 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 by execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CATY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SK NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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