

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065838

1. Entity Name
CIRCA 1928 LLC



FILED
05 MAY -5 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5938 RIVER ROAD
NEW PORT RICHEY, FL 34652 US

Mailing Address
5938 RIVER ROAD
NEW PORT RICHEY, FL 34652 US



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

01272005 Chg-LLC CR2E083 (10/03)

| | |
|---|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Sonia Magruder

Street Address (P.O. Box Number is Not Acceptable)
5938 RIVER ROAD

City
NEW PORT RICHEY FL Zip Code
34652

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 Sonia Magruder *Sonia Magruder* 5/1/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 MAGRUDER, SONIA 5938 RIVER ROAD NEW PORT RICHEY, FL 34652 | <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 | MGRM MAGRUDER, DOUGLAS JR. 5938 RIVER ROAD NEW PORT RICHEY, FL 34652 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200054529152 05/13/05--01066--012 **200.00 | <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)(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: Sonia Magruder *Sonia Magruder* 1/31/05 727-422-2031
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #