## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Feb 02, 2005 8:00 am Secretary of State

DOCUMENT # L04000077153  1. Entity Name VAUXHALL, LLC							02-02-2005 90156 044 ****50.00				
Principal Place of Business 3490 NORTH U.S. HIGHWAY 1 COCOA, FL 32926 US			Mailing Address 3490 NORTH U.S. HIGHWAY 1 COCOA, FL 32926 US								
2. Principal Place of Business			3. Mailing Address			_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242005	Chg-LLC	CŖ2Ę(	083 (10/03)		
_ City & State		City & State		<u>.</u>	4. FEI Numb	-2215833 -		~ —	plied For t Applicable		
Zip Country		Zip . Count		ntry	5. Certificate	e of Status Desired		\$5.00 Add Fee Required			
6. Name and Address of Current Registered Agent						7. Name and	d Address of New R	egistered	Agent		
SOUEALL	IOHNI				Name				1		
SOILEAU, JOHN L 3490 NORTH U.S. HIGHWAY 1 COCOA, FL 32926					Street Address (P.O. Box Number is Not Acceptable)						
	- 02020							• •			
					City			FL	Zip Code	9	
		ty submits this statement for stered agent.	the purpose of changing its	register	ed office or regist	tered agent, or bo	oth, in the State of Fio	rida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typeo	d or printed name of registered agent a	na litre il applicable. • (NOTE	E: Registere	d Agent signature requi	ired when reinstating)		DATE	•-		
						<del></del>	· · · · · ·				
Fi D:	iling Fee ue by Ma	is \$50.00 ly 1, 2005							payable to nent of State		
Fi Di	iling Fee ue by Ma	is \$50.00 by 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.				Departn	nent of State		
9.	MGRM	MANAGING MEMBER	RS/MANAGERS	10. TITL NAM	E		Florida	Departn	nent of State	Addition	
9.	MGRM SOILEAU 3490 NOI	MANAGING MEMBER  J. JOHN L  RTH U.S. HIGHWAY 1		TITL NAM STRI	E		Florida	Departn	nent of State	· 	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM SOILEAU 3490 NOI	MANAGING MEMBER  J. JOHN L		TOTE NAM STRI CHTY	E EET ADDRESS (-ST-ZIP E		Florida	Departn	nent of State	· 	
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11. Thereby 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 to the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WANAGE WE WIND GR.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING TAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Davime Phone #