

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002428
 1. Entity Name
 REPCAL TEST EQUIPMENT, LLC



Principal Place of Business: 2613 8TH STREET WEST, LEHIGH ACRES, FL 33971
 Mailing Address: P.O. BOX 1990, LEHIGH ACRES, FL 33970



DO NOT WRITE IN THIS SPACE

08182005No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 22-3660132 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MALIZIA, JAMES
 2613 8TH STREET WEST
 LEHIGH ACRES, FL 33971

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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: _____ (NOTE: Registered Agent signature required when rendering) DATE: _____

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALIZIA, JAMES 2613 8TH STREET W. LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALIZIA, SHIRLEY R 2613 8TH STREET W. LEHIGH ACRES, FL 33971
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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: *James Malizia / James Malizia* 8-18-05 239-368-9052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #