

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001664

FILED  
Jul 06, 2005  
Secretary of State

**Entity Name:** GENERAL SPECIFICS LTD., LLC

**Current Principal Place of Business:**

385 NORTH POINT ROAD, UNIT 1002  
OSPREY, FL 34229

**New Principal Place of Business:**

5642 COUNTRY LAKES DRIVE  
SARASOTA, FL 34243

**Current Mailing Address:**

385 NORTH POINT ROAD, UNIT 1002  
OSPREY, FL 34229

**New Mailing Address:**

P.O. BOX 98  
OSPREY, FL 34229

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHMIDT, WILLIAM E  
385 NORTH POINT ROAD, UNIT 1002  
OSPREY, FL 34229    US

**Name and Address of New Registered Agent:**

FRANCE, TIMMY E  
5642 COUNTRY LAKES DRIVE  
SARASOTA, FL 34243    US

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.

SIGNATURE: TIMMY E. FRANCE

07/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            SCHM        ( ) Delete  
Name:            IDT, WILLIAM E  
Address:        385 NORTH POINT ROAD, UNIT 1002  
City-St-Zip:    OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title:            PRES        (X) Change ( ) Addition  
Name:            FRANCE, TIMMY E  
Address:        365 COUNTRY LAKES DRIVE  
City-St-Zip:    SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMMY E. FRANCE

PRES

07/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date