2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					, FILED				
DOCU 1. Entity Nan			Feb 02, 2005 08:00 AM Secretary of State						
CODA L	LC					Secretary	01 31	iaie	
Principal Plac	ce of Business	Mailing Address	failing Address						
2955 HILLCREEK CIR. S CLEARWATER FL 33759			2955 HILLCREEK CIR. S CLEARWATER FL 33759						
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2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suito Ant # ata	Suite, Apt. #, etc.			Mailbii Mii Rushat ffith Bosti Boiil		Silet Bility Siles II	
ouite, Apt.	. π ₁ σιο:	Suite, Apr. #, etc.				1st MOORE	CR2E08	3 (10/04)	
City & State		City & State			4. FEI Num	11-367820	5		plied Fo
Zip	Country	Zip	Country		5. Certifica	te of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent	Name		7. Name a	nd Address of New F	legistered .	Agent	
DIR	KS, DIETER		Ivame						 .
295	5 HILLCREEK CIR. S. EARWATER FL 33759		Street A	Address (F	P.O. Box Num	ber is Not Acceptable	ə) 		
			City				FL	Zip Code	e •
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office o	r registere	ed agent, or b	ooth, in the State of Fk	orida. I am	familiar with,	and acc
SIGNATURE	Signature, typed or printed name of registered age	and talle of applicability (NICY)	TC Description & control				DATE		
	Signature, types or printed haire or registered age		TE Registered Agent signal		when reinstating)		DATE		
		Make Check Payat	OW!!! FEE IS \$		t of State				
	·		ıe By May 1, 200						
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CITY-ST-ZIP	CLEARWATER FL 33759	-	CITY - ST - ZIP						
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NAME CIRCULARDER CO	DIRKS, PENNY		NAME						
STREET ADDRESS CITY: ST-71P	2955 HILLCREEK CIR. S. CLEARWATER FL 33759		STREET ADDRESS CITY-ST-ZIP						
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STREET ADDRESS CITY - ST- ZIP			STREET ADDRESS CITY-ST-ZIP						
	L	th this filing does not qualify for		ted in Sec	tion 119.076	B)(i), Florida Statutes	 further cer	tify that the in	formatic
indicatéd limited lia	certify that the information supplied w on this report is true and accurate ar ibility company or the receiver or trust	d that my signature shall have see empowered to execute this	the same legal effe report as required l	ct as if ma by Chapte	ade under oa er 608, Florida	th; that I am a manag a Statutes.	ing membe	or manage	r of the

SIGNATURE: 1/31/05 727-724-6266 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Department Phono #