## 2005 LIMITED LIABILITY COMPANY

## **FILED** Apr 15, 2005 08:00 AM

ANNUAL REPORT				Secretary of Stat	
1. Entity Nan	MENT # L030000556	597			ecretary of Sta
5208 SW 65	e of Business STH CT E, FL 32608 US	Mailing Address 5208 SW 657H CT GAINESVILLE, FL 32608 L	S	 	MANUT ARROT TURK ANNU 1880 JANUAT RI 1881
Ε	OO NOT WRITE		CE	04122005 No Chg-LLC  4. FEI Number 92-0179871  5. Certificate of Status Desired	CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	h	u u − compuesto <del>com</del>	,
BASS, O ( 5208 SW ( GAINESVI		:		DO NOT W	
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				, 1	
	Signature, typed or printed name of registered agent an	d little if applicante. (NOTE, Registere	ed Agent signature required	when rainstating)	DATE
. Fi	iling Fee is \$50.00 ue by May 1, 2005	, dh		۹ : و المراقب	
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASS, O. C 5208 SW 65TH CT GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASS, BETTY'L 5208 SW 65TH CT GAINESVILLE, FL 32608			U00000 04/15/05	0306319 -80009-018 50.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, PATRICIA 2531-B NW 41 STREET GAINESVILLE, FL 32606		==	_DO NOT W	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE NAME STREET ADDRESS CITY - ST - ZIP		and the second s		IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>		
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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 it made under cath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

3523734449

Daytime Prone #