# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# L00000004206

**Entity Name:** THE PALMETTO HOUSE, L.L.C.

**Current Principal Place of Business:**

1102 RIVERSIDE DR.
PALMETTO, FL 34221

**New Principal Place of Business:**

PO BOX 493
ELLENTON, FL 34222

**Current Mailing Address:**

1102 RIVERSIDE DR.
PALMETTO, FL 34221

**New Mailing Address:**

PO BOX 493
ELLENTON, FL 34222

**FEI Number: 58-2542180** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WALKER, BARNES
3119 MANATEE AVE. WEST
BRADENTON, FL 34205 US

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

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: GEHRING, ROBERT P
Address: 1102 RIVERSIDE DR
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete
Name: GEHRING, LINDA
Address: 1102 RIVERSIDE DR
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: GEHRING, ROBERT P
Address: PO BOX 493
City-St-Zip: ELLENTON, FL 34222

Title: MGRM (X) Change ( ) Addition
Name: GEHRING, LINDA
Address: PO BOX 493
City-St-Zip: ELLENTON, FL 34222

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: ROBERT P. GEHRING MGRM 04/26/2005

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