

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005868

Entity Name: ENGSOR, LLC

FILED  
Aug 30, 2005  
Secretary of State

**Current Principal Place of Business:**

3230 WEST FAIR OAKS AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

4809 W MOUND AVE  
TAMPA, FL 33611

**Current Mailing Address:**

3230 WEST FAIR OAKS AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

6723 SYCAMORE WOODS DR  
LOUISVILLE, KY 40241

FEI Number: 59-3647145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

ENGLAND, GARY W  
3230 WEST FAIR OAKS AVE.  
TAMPA, FL 33611      US

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

STRALEY, MARK K  
100 E MADISON ST.  
SUITE 300  
TAMPA, FL 33602      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: MARK K STRALEY

08/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ENGLAND, GARY W  
Address: 3230 W FAIR OAKS AVE  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: ENGLAND, GARY W  
Address: 6723 SYCAMORE WOODS DR  
City-St-Zip: LOUISVILLE, KY 40241

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: GARY W. ENGLAND

MR.

08/30/2005

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