


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90126 027 ***150.00

DOCUMENT # L00000006365 1. Entity Name AYALA, LLC					
Principal Place of Business 4891 CEDAS OAK WAY SARASOTA, FL 34233			Mailing Address 4891 CEDAS OAK WAY SARASOTA, FL 34233		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
04212005 Chg-LLC CR2E083 (10/03)				4. FEI Number 65-1016200	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 S. TAMiami TRAIL SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name <u>TRACY, CATHERINE L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2058 Constitution Blvd.</u> City <u>SARASOTA</u> FL Zip Code <u>34231</u>		
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 <u>Catherine L. Tracy</u> DATE <u>4-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYALA, ALBERT R JR.		NAME		
STREET ADDRESS	4881 CEDAR OAK WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYALA, JEANETTE		NAME		
STREET ADDRESS	4881 CEDAR OAK WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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 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: <u>Jeanelle M. Ayala</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/27/05</u> <small>Date Daytime Phone #</small>		