


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000006415 1. Entity Name A.C.T. ENTERPRISES, LLC |  |
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|---|--|
| Principal Place of Business 15047 ALTMAN ROAD MYAKKA CITY, FL 34251 | Mailing Address P.O. BOX 277 MYAKKA CITY, FL 34251 |
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01052005No Chg-LLC

CR2E083 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 65-1019324 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent BARNES, GARRET T ESQ 3119 MANATEE AVE WEST BRADENTON, FL 34205 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ANSON, BARBARA P.O. BOX 277 MYAKKA CITY, FL 34251 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CISLO, ALICE 15047 ALTMAN ROAD MYAKKA CITY, FL 34251 |
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01/10/05-80013-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Anson 1/05/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #