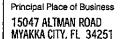
2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000006415

1. Entity Name

A.C.T. ENTERPRISES, LLC

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



Mailing Address P.O. BOX 277 MYAKKA CITY, FL 34251

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CR2E083 (10/03)

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number 65-1019324

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

BARNES, GARRET T ESQ 3119 MANATEE AVE WEST BRADENTON, FL 34205

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and litle if applicable.	(NOTE: Registered Agent aignature required when reinstating)	DATE
i	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	and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CISLO, ALICE 15047 ALTMAN ROAD MYAKKA CITY, FL 34251		000000174502 01/10/05-80013-010 50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			A CONTRACTOR OF THE CONTRACTOR
11. I hereby indicated limited li	certify that the information supplied with this filing does not qual on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to exec	Jailify for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oat ute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information n; that I am a managing member or manager of the Statutes.

16200

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