

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90029 012 \*\*\*\*50.00

**20018089**



02152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3654055**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SCANLON, EUGENE  
212 N BRIGHTON DR  
PORT ORANGE, FL 32127

**DO NOT WRITE  
IN THIS SPACE**

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

*Eugene Scanlon* **EUGENE SCANLON**

**3/1/05**

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

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

**CONFIRMED**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCANLON, EUGENE  
212 N BRIGHTON DR  
PORT ORANGE, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCANLON, CARROLL  
212 N BRIGHTON DR  
PORT ORANGE, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Eugene Scanlon* **EUGENE SCANLON**

**3/1/05 386-547-9871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #