2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 08, 2005 08:00 AM

1. Entity Nam	MENT # L000000117	705		Secretary of State
Principal Place of Business 665 FLORIDA PARKWAY KISSIMMEE, FL 34743		Mailing Address 665 FLORIDA PARKWAY KISSIMMEE, FL 34743		ו או
C	OO NOT WRITE	7.A. (1.8)	Œ	07052005 No Chg-LLC
TULL, MCDONALD 665 FLORIDA PARKWAY KISSIMMEE, FL 34743		agistereu Agent	given in - and disperse	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 Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstaling) DATE				
Filing Fee is \$50.00 Due by September 7, 2005				
9.	MANAGING MEMBER	S/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TULL, MCDONALD 665 FLORIDA PARKWAY KISSIMMEE, FL 34743			
TITLE NAME STREET ADDRESS DITY-ST-ZIP				07/08/05-80015-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18.			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ALLOW MALL CONTROL OF THE PARTY
11. I hereby certify that the information supplied with this filling 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 eath: that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: SIGNATURE AND TYPE OF FINANCIA NAME OF SIGNING MANAGRIG MEMBER, OR AUTHORIZED REPRESENTATIVE Quis Dayling Phone #				