

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90038 005 ****50.00

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DOCUMENT # L00000014810 1. Entity Name LAKESIDE TUB & TILE REFINISHING LLC					
Principal Place of Business 1320 LAKE DORA DR TAVARES, FL 32778			Mailing Address 1320 LAKE DORA DR TAVARES, FL 32778		
2. Principal Place of Business 36742 Tropical wind lane		3. Mailing Address 36742 Tropical wind lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05242005 Chg-LLC CR2E083 (10/03)	
City & State Grand Island, Florida		City & State Grand Island, Florida		4. FEI Number 59-3687612	
Zip 32735		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMS, RAY 1320 LAKE DORA DR. TAVARES, FL 32778			7. Name and Address of New Registered Agent Name RAY ABRAMS Street Address (P.O. Box Number is Not Acceptable) 36742 Tropical wind lane City Grand Island FL Zip Code 32735		
B. 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			DATE 6/18/05		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, RAY P 1320 LAKE DORA DRIVE TAVARES, FL 32778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAMS, MARTHA R 1320 LAKE DORA DRIVE TAVARES, FL 32778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:			DATE 6/18/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 352 742 9608		