

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000317

1. Entity Name
**C.E. NATIONAL SERVICES AND MANAGEMENT GROUP,
LLC**



Principal Place of Business
**10809 N. 56TH STREET
TAMPA, FL 33617**

Mailing Address
**10809 N. 56TH STREET
TAMPA, FL 33617**



04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3694678	Applied For <input type="checkbox"/> Not Applicable
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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

**CARREGAL, ALAN
10809 N 56TH STREET
TAMPA, FL 33617**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARREGAL, ALAN
STREET ADDRESS	10809 N 56TH STREET
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	MGRM
NAME	LITTLE, ANNE MARIE
STREET ADDRESS	10809 N 56TH STREET
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000310456
04/18/05-80005-008 50.00

**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: _____

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

4-13-05

Date

813-877-6371

Daytime Phone #