

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000002916

1. Entity Name

BRYANT & COMPANY, CPA'S, LLC



Principal Place of Business

P.O. BOX 508

LAKELAND, FL 33802-0508

Mailing Address

P.O. BOX 508

LAKELAND, FL 33802-0508



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3703279

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOGELBACHER, PIERRE M

2560 GULF TO BAY BLVD., SUITE 300

CLEARWATER, FL 33765

**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

PREINER, LYNN

STREET ADDRESS

4250 S. FLORIDA AVE., STE. 2

CITY-ST-ZIP

LAKELAND, FL 33813

TITLE

MGRM

NAME

BRYANT, THOMAS I

STREET ADDRESS

4250 S. FLORIDA AVE STE 2

CITY-ST-ZIP

LAKELAND, FL 33813

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000349869
05/02/05-80081-021 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:

Lynn Preiner

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

DATE

4-28-2005

DAYTIME PHONE #

863-648-2300