## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: DAN LACKEY
SIGNATURE AND TYPED ON PRINTED NAME OF SUGGENG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED
Jan 14, 2005 08:00 AM
Secretary of State

407-847-2847

DOCUMENT # L0100004519  1. Entity Name BRONSONS LLC		19		Secretary of State	
Principal Place	e of Business	Mailing Address P.O. BOX 420879			
KISSIMMEE,		KISSIMMEE, FL 34742-0879			
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s mad	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
- 12:	The state of the s			59-3722897	Not Applicable  \$5.00 Additional
	6. Name and Address of Current Re			5. Certificate of Status Desired	Fee Required
		(stated Agent		<ul><li>「 September 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (</li></ul>	
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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	/MÄNAGËRS	+ + 1	94 1 2 2 7 Albas a 1955 Profe Houselli Ladinancia Alban (Application) or described as	ක් මේ සිටිමුවේදීම සිට වෙන වෙන වෙන සිට
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TITLE NAME STREET ADDRESS CHY-ST-ZIP					
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.					