


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90061 025 \*\*\*\*50.00

<b>DOCUMENT # L01000005277</b>			
1. Entity Name <b>D.M. SAUERWINE, L.L.C.</b>			
Principal Place of Business <b>9143 BALMORAL MEWS SQUARE WINDERMERE FL 34786</b>		Mailing Address <b>9143 BALMORAL MEWS SQUARE WINDERMERE FL 34786</b>	
2. Principal Place of Business <b>2813 S. Hiwassee Rd.</b> Suite, Apt. #, etc. <b>Suite 108</b> City & State <b>Orlando, FL</b> Zip <b>32835</b> Country <b>USA</b>		3. Mailing Address <b>2813 S. Hiwassee Rd.</b> Suite, Apt. #, etc. <b>Suite 108</b> City & State <b>Orlando, FL</b> Zip <b>32835</b> Country <b>USA</b>	



1st MOORE CR2E083 (10/04)

4. FEI Number <b>59-3726819</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SAUERWINE, DEBORAH M 9143 BALMORAL MEWS SQUARE WINDERMERE FL 34786</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 <u>Deborah M. Sauerwine, President</u> 1/20/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUERWINE, DEBORAH M 9143 BALMORAL MEWS SQUARE WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Deborah M. Sauerwine 1/20/05 407-832-4016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #