

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90372 014 ****50.00

DOCUMENT # L01000007985

1. Entity Name
21ST CENTURY SIGHT & SOUND, LLC



Principal Place of Business
1846 SE FIRST STREET
CAPE CORAL, FL 33920

Mailing Address
1846 SE FIRST STREET
CAPE CORAL, FL 33920

20053636



2. Principal Place of Business

3. Mailing Address

P.O. Box 885

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-LLC CR2E083 (10/03)

City & State

City & State
Esterio, FL.

4. FEI Number
62-1856986

Applied For
Not Applicable

Zip
33990

Country

Zip
33928

Country
USA

5. Certificate of Status Desired 96 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MC MANUS, ROBERT W
1846 SE 1ST STREET
CAPE CORAL, FL 33920

7. Name and Address of New Registered Agent

Name
McManus

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Robert McManus

5-28-05

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MC MANUS, ROBERT W
1846 SE FIRST STREET
CAPE CORAL, FL 33920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Robert McManus

5-28-05

(239)849-1575

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

Date

Daytime Phone #