2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000008923

1. Entity Name
ALAN BUNTING, LLC

Principal Place of Business	Mailing Address
15693 83RD LANE NORTH LOXAHATCHEE, FL 33470	15693 83RD LANE NORTH LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

01062005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1109876		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W ESQ.
311 SOUTH MISSOURI AVE.
CLEARWATER, FL 33756

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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/MANAGERS

TITLE	MGR
NAME	BUNTING, ALAN
STREET ADDRESS	15693 83RD LANE NORTH
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000184255
01/20/05-80024-003 $0.00

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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: _____   1/12/05   561-784-0599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #