

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010167

Entity Name: BREITFELLNER, LLC

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

54 DOLPHIN DR
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47582
ST PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 59-3723287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, CHERYL B
54 DOLPHIN DR
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BREITFELLNER, LEOPOLD
Address: 1902 SWAN LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: BREITFELLNER, ANNA
Address: 1902 SWAN LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: KELLY, CHERYL B
Address: 54 DOLPHIN DR.
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BREITFELLNER, LEOPOLD
Address: 2083 SWAN LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM (X) Change () Addition
Name: BREITFELLNER, ANNA
Address: 2083 SWAN LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHERYL B. KELLY

MGR

01/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date