2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012471

1. Entity Name
METTLER, SHELTON, RANDOLPH & MAREK, P.L.

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY, SUITE 340 PALM BEACH, FL 33480	340 ROYAL POINCIANA WAY, SUITE 340 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

03072005No Chg-LLC CR2E083 (10/03)

4. FEI Number
80-0035089

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELTON, JOHN W
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000269364
03/19/05-80009-006 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MAREK, DOUG
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 340
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGRM
NAME	JOHN, RANDOLPH C II
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 340
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGRM
NAME	SHELTON, JOHN W
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 340
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Doug Marek 3.17.05 561-472-6092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #