

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-29-2005 90034 026 ****50.00

DOCUMENT # L01000013648 1. Entity Name SUN CITY CENTER FUNERAL HOME, LLC					
Principal Place of Business 2420 - 19TH STREET NORTH ST. PETERSBURG, FL 33713			Mailing Address 2420 - 19TH STREET NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business 1851 Rickenbacker Drive		3. Mailing Address 1851 Rickenbacker Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sun City Center, Florida		City & State Sun City Center, Florida		4. FEI Number 59-3738784	
Zip 33573		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGJAHR, MICHAEL 1851 RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			7. Name and Address of New Registered Agent Name _____ 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 <u><i>Michael J. Langjahr</i></u> DATE <u>4-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR LANGJAHR, MICHAEL 2420 - 19TH STREET NORTH ST. PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1851 Rickenbacker Drive Sun City Center, Florida 33573	
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	
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	
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	
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	
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: <u><i>Michael J. Langjahr</i></u> <u>5-17-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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