
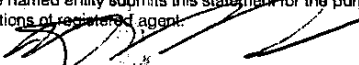
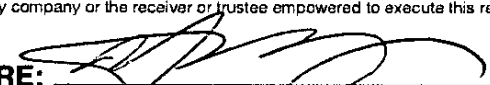


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90113 013 \*\*\*\*50.00

<b>DOCUMENT # L01000016361</b>					
<b>1. Entity Name</b> KONRAD'S TOWING & RECOVERY, LLC					
<b>Principal Place of Business</b> 800 U.S. 41 BYPASS SO. SUITE B VENICE, FL 34285 US			<b>Mailing Address</b> 800 U.S. 41 BYPASS SO. SUITE B VENICE, FL 34285 US		
<b>2. Principal Place of Business</b> 103 CORPORATION WAY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 103 CORPORATION WAY Suite, Apt. #, etc.			
<b>City &amp; State</b> VENICE FL		<b>City &amp; State</b> VENICE FL		<b>4. FEI Number</b> 65-1138690	
<b>Zip</b> 34285		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILLIAMS, JR, RICHARD T 800 U.S. 41 BYPASS SO. SUITE B VENICE, FL 34292			<b>7. Name and Address of New Registered Agent</b> Name: <b>RICHARD T. WILLIAMS, JR.</b> Street Address (P.O. Box Number is Not Acceptable): <b>103 CORPORATION WAY</b> City: <b>VENICE</b> FL <b>34285</b>		
<b>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.</b>					
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>1/7/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JR, RICHARD T 800 U.S. 41 BYPASS SO. SUITE B VENICE, FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD T. WILLIAMS, JR. 103 CORPORATION WAY VENICE FL 34285	<input checked="" 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
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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
<b>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.</b>					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <b>1/7/05</b> <span style="float: right;">(941) 484-7968</span> <small>Daytime Phone #</small>		