

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90096 001 ***150.00

30010360



06302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
80-0005747

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BORES, DONALD J SR
1792 CRANBERRY ISLE WAY
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALSH, PAUL R JR
STREET ADDRESS	1904 CANYONWOOD CT.
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	KIRKWOOD, MICHAEL
STREET ADDRESS	28 ASH ST.
CITY - ST - ZIP	BASKING RIDGE, NJ 07920
TITLE	MGRM
NAME	VISCIDI, PHILLIP
STREET ADDRESS	68 KINGSBURY ST.
CITY - ST - ZIP	WELLESLEY, MA 02451
TITLE	MGRM
NAME	BORES, DONALD SR
STREET ADDRESS	1792 CRANBERRY ISLE WAY
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/22/2005

Date

704-905-4767

Daytime Phone #