


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000019729 1. Entity Name POWERS DRIVE GROUP, LLC	
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Principal Place of Business 2180 N PARK AVE #220 WINTER PARK, FL 32789	Mailing Address 2180 N PARK AVE #220 WINTER PARK, FL 32789
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04272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0605154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, DAVID G 2180 N PARK AVE SUITE 220 WINTER PARK, FL 32789
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**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 May 1, 2005**

1100000346661

04/30/05-80084-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, DAVID G 2180 N PARK AVE #220 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, ANN E 2180 N PARK AVE #220 WINTER PARK, FL 32789
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**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: David G. Lee **4-26-05** **(407) 622-1001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #