## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 29, 2005 08:00 AM **DOCUMENT # L01000022081 Secretary of State** MANCHESTER ENTERPRISES, LLC Principal Place of Business \_\_ Mailing Address 989 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953 989 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953 01252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0026994 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL R ESQ. DO NOT WRITE 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 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, 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 U00000204085 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME DEGROSS, DEAN R STREET ADDRESS 4211 EAGLE NEST CT CITY-ST-ZIP PORT CHARLOTTE, FL 33948 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and encourate 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 flability company or the requirement trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRINTED NAME A MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytima Phone #