

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000022082	
1. Entity Name A & N ENTERPRISES, LLC	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 13 AM 11:12

Principal Place of Business 2474 LAKE DEBRA DRIVE #3208 ORLANDO, FL 32835	Mailing Address 2474 LAKE DEBRA DRIVE #3208 ORLANDO, FL 32835
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2. Principal Place of Business 4615 Parkbreeze Ct. Suite, Apt. #, etc.	3. Mailing Address 8473 Greenbank Blvd. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Windermere, Florida
Zip 32808	Zip 34786
Country	Country USA



09132005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent SCHWICHTENBERG, ROBERT D 2474 LAKE DEBRA DR #3208 ORLANDO, FL 32835	
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7. Name and Address of New Registered Agent Name Schwichtenberg, Robert D Street Address (P.O. Box Number is Not Acceptable) 8473 Greenbank Blvd. City Windermere FL Zip Code 34786	
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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>Robert D. Schwichtenberg MGR</u> DATE <u>9.13.05</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$50.00	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWICHTENBERG, ROBERT D 2474 LAKE DEBRA DR #3208 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Schwichtenberg, Robert D. 8473 Greenbank Blvd. Windermere, FL, 34786 <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
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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

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>Robert D. Schwichtenberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: <u>9.13.05</u> <small>Daytime Phone # Home</small> 407.453.1566 407.877.1544
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