

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # LQ1000022189 1. Entity Name TOTAL I MANAGEMENT, LLC	
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Principal Place of Business 122 LINSLEY AVE., STE A BRANDON, FL 33511	Mailing Address 122 LINSLEY AVE., STE A BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0553221	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent WYLIC, WARREN W II 122 LINSLEY AVE., STE A BRANDON, FL 33511	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

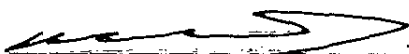
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEKHOR, DAVID 1810 W BEARSS AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANNI, M. DOUGLAS 603 WATERWOOD COURT LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYLIE, WARREN W II 510 CAULDER PARK ROAD SEFFNER, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/24/05-80082-012 50.00

**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:  **Warren W. Wylie, II** **1/20/05** **(813) 657-4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #