2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000022189

1. Entity Name
TOTAL I MANAGEMENT, LLC

Principal Place of Business	Mailing Address
122 LINSLEY AVE., STE A BRANDON, FL 33511	122 LINSLEY AVE., STE A BRANDON, FL 33511

01202005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0553221
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

100000124208
02/24/05-80082-012 50.00

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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 #