
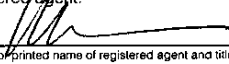



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90033 040 ****50.00

DOCUMENT # L02000005917 1. Entity Name ULMERTON BUSINESS ENTERPRISES, L.C.			
Principal Place of Business 2240 BELLEAIR ROAD, STE. 160 CLEARWATER, FL 33764		Mailing Address 2240 BELLEAIR ROAD, STE. 160 CLEARWATER, FL 33764	
2. Principal Place of Business 1250 S. Belcher Road Suite, Apt. #, etc. Suite 160 City & State Largo, FL Zip 33771 Country USA		3. Mailing Address 1250 S. Belcher Road Suite, Apt. #, etc. Suite 160 City & State Largo, FL Zip 33771 Country USA	
		02152005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 03-0422478	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, STE. 160 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name O'Connor, Patrick M. Street Address (P.O. Box Number is Not Acceptable) 1250 S. Belcher Road Suite 160 City Largo FL Zip Code 33771	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/6/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSINGILL, JESSE L 711 N SHERRILL ST TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/25/05 813-885-5656 <small>Daytime Phone #</small>	