2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000009121

1. Entity Name

PATRICK & ASSOCIATES, LLC



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

Principal Place of Business

Mailing Address.

1143 SE 33RD STREET CAPE CORAL, FL 33904

1143 SE 33RD STREET CAPE CORAL, FL 33904



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2395498 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2005	(NOTE Indigates a Common and a second and a		
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	1868661791447	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, KENNETH R 1143 SE 33RD STREET CAPE CORAL, FL 33904		#11/24/05-80174-002 S5.00 [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, ELAINE 1143 SE 33RD STREET CAPE CORAL, FL 33904			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 receiving our rustop empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-18-05

(244)850-6483

Daytime Phone i