


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011556 1. Entity Name MASTER PLANS OF FLORIDA, LLC	
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Principal Place of Business 2617 SW TANFORAN BLVD. PORT SAINT LUCIE, FL 34987	Mailing Address 2617 SW TANFORAN BLVD. PORT SAINT LUCIE, FL 34987
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04242005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4498501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TURNER, NORMAN 2617 SW TANFORAN BLVD. PORT SAINT LUCIE, FL 34987	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 re-issuing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, NORMAN 2617 SW TANFORAN BLVD. PORT SAINT LUCIE, FL 34987
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04/27/05-80170-017 55.00

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Norman Turner* **NORMAN TURNER** April 25 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Day/Mo Phone #

772-408-7559