## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012331

## FILED Apr 05, 2005 8:00 am Secretary of State

04-05-2005 90010 016 \*\*\*\*50.00

E.R. PEN	DER & ASSOCIATES, L.L.C	<b>)</b> .						
Principal Plac	e of Business	Mailing Address				900	00800	
168 MILL RU LAKE MARY.		- 168 MILL RUN DR LAKE MARY, FL 32746	_	ĺ		200	26766	
J. LANE MAKT,	<del>+L-32140-</del> _	LAKE MAKT, TE 32/40						
2. Principal P 142 N Suite, Apt.		3. Mailing Address 142 N. Old Suite, Apt. #, etc.	Dixie	Hwy	03222005	Cha-LLC	CR2E083 (10/03)	
City & Stat	Α	City & State			4. FEI Number			pplied For
Llàdu	. / ^ // /	Lady Lat			71-0887	777	<del></del>	ot Applicable
Zip 32	159 Country USA	Zip 32159	Country		5. Certificate o	f Status Desired	□ \$5.00 Ad Fee Require	
	6. Name and Address of Current I	Registered Agent	Name	- <u>'</u>	7. Name and A	ddress of New	Registered Agent	
GRAMER, CHARLES W				Eug	ene. Pe	nder.	Sri	
1411-EDG	Street A	ddress (F	O. Box Number	is Not Acceptat	1 1/00	00		
ORLANDO, FL 32804.				402.5	Aver	<del>y 11,</del>	The VILLAR	<u> </u>
	, <del></del> *				Zin Cox	10		
			City L	adr	1 Lake		FL ZZ	162
	named entity submits this statement for tions of registered agent.	the/purpose of changing its re	gistered office of	r regist <del>ěre</del>	ed agent, or both	, in the State of I	Florida. I am familiar with	, and accept
SIGNATURE	Her KIL	uderd					x 3-31-05	)
0.01	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: R	egistered Agent signat	lure required			DATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2005	att.	n n	i ge	ALC AUT		ake check payable to da Department of Sta	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	S/CHANGES	
TITLE	MGR PENDER, EUGENE SR.	☐ Delete	TITLE NAME		*		Milages 32162 Change	Addition
NAME STREET ADORESS	168 MILL RUN DR.		STREET ADDRESS	202	3 Aven	η PI, T	he Villages	;
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Lad	u Lake	, FL	32162	
TITLE	MGR	☐ Delete	TITLE		J	-,	Change	Addition
NAME STREET ADDRESS	PENDER, BARBARA D 168 MILL RUN DR.		NAME STREET ADDRESS				The Village	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	la	du inko		32162	
TITLE		☐ Delete	TITLE		Jane	<del>) 1                                   </del>	☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE	<del> </del>			☐ Change	Addition
NAME			NAME				<u></u>	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	ļ				
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-7IP			CITY-ST-7IP	1				

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 rustee employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

m. A.c.

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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

x3-31-05 (407)205-7294

Change

■ Addition

Daytime Phor