

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90095 039 \*\*\*\*50.00

**DOCUMENT # L02000012519**

1. Entity Name  
**SMALL CHANGE, LLC**



Principal Place of Business  
**159 COMMODORE DRIVE  
JUPITER, FL 33477**

Mailing Address  
**159 COMMODORE DRIVE  
JUPITER, FL 33477**

**20003162**



2. Principal Place of Business

**1632 S. Military Trail**

Suite, Apt. #, etc.

3. Mailing Address

**1764 N Congress Ave**

Suite, Apt. #, etc.

**Suite 200**

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip

**33415**

Country

Zip

**33409**

Country

01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**04-3673819**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITMIRE, DRENNEN L JR. ESQ  
450 ROYAL PALM WAY SIXTH FLOOR  
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BRUNO, AL  
159 COMMODORE DR.  
JUPITER, FL 33477**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1031 Dawson Court  
Greensboro, GA 30642**

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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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:**

*[Signature]*

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

Date

Daytime Phone #

**1-17-05**