


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L02000014355 |  |
| 1. Entity Name LEWIS CAPITAL LLC | |

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|--|--|
| Principal Place of Business 4555 AINSLEY PLACE SARASOTA, FL 34234 | Mailing Address 4555 AINSLEY PLACE SARASOTA, FL 34234 |
|--|--|



01172005 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 03-0464662 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LEWIS, SARA P
4555 AINSLEY PLACE
SARASOTA, FL 34234

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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 reinstating) **DATE** _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LEWIS, CLIFTON 4555 AINSLEY PLACE SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LEWIS, SARA P 4555 AINSLEY PLACE SARASOTA, FL 34234 |
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03/01/05-80017-008 50.00

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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: Sara P Lewis (Sara P. Lewis) **2-17-05** **(941) 355-3931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #