


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L02000014452 1. Entity Name PJ KLATT MJ PLATT AND JP ADAMS, LLC	
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Principal Place of Business 501-511 CYPRESS GARDENS BLVD 1619 6TH ST SE WINTER HAVEN FL 33880	Mailing Address 764 SANTA MARIA DRIVE WINTER HAVEN FL 33884-3805
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite Apt. #, etc	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 01-0718976	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KLATT, PHILLIP J 764 SANTA MARIA DRIVE WINTER HAVEN FL 33884-3805
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00 Paid
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	KLATT, PHILLIP J	
STREET ADDRESS	764 SANTA MARIA DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL 33884-3805	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES		Change	Addition
TITLE	U00000194277	<input type="checkbox"/>	<input type="checkbox"/>
NAME	01/25/05-80095-023 50.00		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Phillip J. Klatt Date: 1/20/05 Phone: (863)326-1300