


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

|  |  |                                 |  |   |  |
|--|--|---------------------------------|--|---|--|
| <b>DOCUMENT # L02000021810</b>   |  |                                 |  |    |  |
| 1. Entity Name<br><b>LIN-DOT TOO, LLC</b>  |  |                                 |  |   |  |
| Principal Place of Business<br><b>4931 OLEANDER AVE<br/>FORT PIERCE FL 34982</b>   |  |                                 | Mailing Address<br><b>4931 OLEANDER AVE<br/>FORT PIERCE FL 34982</b> |   |  |
| 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<br><b>56-2290166</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALBRITTON, LINDA<br/>4900 SILVER OAK DRIVE<br/>FORT PIERCE FL 34982</b>  |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>   |  |                                 |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>MGRM<br/>ALBRITTON, LINDA E<br/>4900 SILVER OAK DR<br/>FORT PIERCE FL 34982</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     | <b>000000356119<br/>05/04/05-80024-001 50.00</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Linda Albritton **4/27/05 (772) 464-1929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #