


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90052 044 \*\*\*\*50.00

<b>DOCUMENT # L02000024108</b>	
1. Entity Name MAIN AVENUE INVESTMENTS, LLC	

Principal Place of Business 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055 US	Mailing Address 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055 US
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**20000604**

2. Principal Place of Business <i>162 SW Creekside Lane</i>	3. Mailing Address <i>162 SW Creekside Lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Lake City FL</i>	City & State <i>Lake City FL</i>
Zip <i>32025</i>	Country <i>USA</i>
Zip <i>32025</i>	Country <i>USA</i>



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>37-1442227</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BRANNON, WILLIAM B JR 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055	7. Name and Address of New Registered Agent Name <i>BRANNON, WILLIAM B JR.</i> Street Address (P.O. Box Number is Not Acceptable) <i>162 SW Creekside Lane</i> City <i>Lake City</i> FL Zip Code <i>32025</i>
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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 <i>William B Brannon</i>	DATE <i>1/7/05</i>

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANNON, WILLIAM B JR <del>934 NE LAKE DESOTO CIRCLE</del> <del>LAKE CITY, FL 32055</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>162 SW Creekside Lane</i> <i>Lake City FL 32025</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>William B Brannon</i>	DATE <i>1/7/05</i>	PHONE <i>386 754 7024</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		