


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027597</b>	
1. Entity Name <b>REVENGE LT, LLC</b>	

Principal Place of Business <b>607 APALACHEE CIRCLE N.E. ST. PETERSBURG, FL 33702</b>	Mailing Address <b>607 APALACHEE CIRCLE N.E. ST. PETERSBURG, FL 33702</b>
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**DO NOT WRITE IN THIS SPACE**



06292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>71-0909931</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, DANIEL G  
8875 HIDDEN RIVER PARKWAY STE. 300  
TAMPA, FL 33637**

**DO NOT WRITE  
IN THIS SPACE**

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 *DAVID E. JONES* **DAVID E. JONES Manager** 6/29/05  
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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, DAVID E 607 APALACHEE CIRCLE N.E. ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADOWSKY, JONATHAN 5988 SW MOORE PALM CITY, FL 34990
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07/05/05-80014-015.50.00

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: *DAVID E. JONES* **DAVID E. JONES MGR** 6/29/05 727-577-9976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #