2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# L02000028699

Entity Name: STOCKHAUSEN & LEFILS, P.L.

Current Principal Place of Business:

450 ANDALUSIA AVENUE
ORMOND BEACH, FL 32174

New Principal Place of Business:

260 HAND AVENUE
ORMOND BEACH, FL 32174

Current Mailing Address:

450 ANDALUSIA AVENUE
ORMOND BEACH, FL 32174

New Mailing Address:

260 HAND AVENUE
ORMOND BEACH, FL 32174

FEI Number: 01-0747682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFILS, GREGORY W CPA
165 S. OAK AVENUE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

LEFILS, GREGORY W CPA
161 E. ROSE AVENUE
ORANGE CITY, FL 32763 US

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.

SIGNATURE: 01/14/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: LEFILS, GREGORY W CPA
Address: 165 S. OAK AVENUE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEFILS, GREGORY W CPA
Address: 161 E. ROSE AVENUE
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GREGORY LEFILS, MGR 01/14/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date