# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L02000028932**

1. Entity Name
**1101 WEST NINTH AVE, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 1101 - 9TH AVE., WEST<br>BRADENTON, FL 34205 | 1101 - 9TH AVE., WEST<br>BRADENTON, FL 34205 |

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

| Zip | Country | Zip | Country |
|---|---|---|---|

04082005    Chg-LLC    CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 56-2301615 | Not Applicable |

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CABANILLAS, DENISE<br>~~161 9TH AVE W~~<br>BRADENTON, FL 34205 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br>1101 9th AVE WEST<br><br>City _____ FL _____ 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 *Denise Cabanillas*

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**<br>**Due by May 1, 2005** | | **Make check payable to**<br>**Florida Department of State** |
|---|---|---|

| 9. | MANAGING MEMBERS/MANAGERS | | 10. | ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|---|
| TITLE | MGR | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | BURNETT, CECIL RAY III | | NAME | | | |
| STREET ADDRESS | 1101 - 9TH AVE., WEST | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON, FL 34205 | | CITY-ST-ZIP | | | |
| TITLE | MGR | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | CABANILLAS, DENISE K | | NAME | | | |
| STREET ADDRESS | 1101 - 9TH AVE., WEST | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON, FL 34205 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |

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: *Denise Cabanillas*    4/6/05    941 750 8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #