

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031726

FILED  
May 23, 2005  
Secretary of State

**Entity Name:** SUBLIMINAL ASSISTANCE LLC

**Current Principal Place of Business:**

105 BARTRAM PARKE DRIVE  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

105 BARTRAM PARKE DRIVE  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

FEI Number: 45-0492421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CURTIS, TIMOTHY J  
105 BARTRAM PARKE DRIVE  
JACKSONVILLE, FL 32259 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CURTIS, TIM  
Address: 105 BARTRAM PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM ( ) Delete  
Name: MCKAY, JOHN S  
Address: P.O. BOX 3415  
City-St-Zip: PONTE VEDRA, FL 32004 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIM CURTIS

MGRM

05/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date