## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001305

## **FILED** Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90027 019 \*\*\*\*50.00

NEVILLE		RTIES, L.L.C.									
Principal Place of Business 5895 US HWY 1 VERO BEACH, FL 32967			Mailing Address PO BOX 7020 VERO BEACH, FL 32961			1.18811811	20032532				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042005	Chg-LLC	CR2E	E083 (10/03)		
City & State			City & State			4. FEI Numb 81-059		•		plied For t Applicable	
Zip Country		Zip	Country			of Status Desired		\$5.00 Add Fee Require			
	6. Name	and Address of Current	Registered Agent		NI	7. Name and	d Address of New i	legistered	d Agent		
FENNELL, 979 BEAC VERO BEA	HLAND BI	LVD.			Name Street Addre	ess (P.O. Box Numb	per is Not Acceptable	e)			
· · ·					City			F			
	named entity ions of regist		r the purpose of changing its	registere	ed office or reg	gistered agent, or bo	oth, in the State of Fl	orida. I ar	n familiar with,	and accept	
SIGNATURE .	*		Low of the latest transfer to the latest transfer transfer to the latest transfer	<b>D</b> 14				DATE			
	Signature, typed	or printed name of registered agent a	and the if applicable. (NUTE	неузгрен :	d Agent signature re	equired when reinstating)	-1			. • •	
Fi De	iling Fee i ue by May	is \$50.00 y 1, 2005							payable to ment of State	•	
9.		MANAGING MEMBE	I RS/MANAGERS	10.			ADDITIONS	/CHANGE	ES .		
TITLE	MGR		☐ Delete	TITLE			,	** **	[] (No	Addition	
NAME	BEUTTEL	L, RICHARD C JR		NAM	E						
STREET ADDRESS	5895 US I				ET ADDRESS						
CITY-ST-ZIP	VERO BE	ACH, FL 32967		CITY	-ST-ZIP						
TITLE	MGR		☐ Delete	TITLE					☐ Change	■ Addition	
NAME STREET ADDRESS	BEUTTEL   5895 US I	L, VICTORIA M		NAM	E ET ADDRESS						
CITY-ST-ZIP	I	ACH, FL 32967			-ST-ZIP						
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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: Whould burney.	4-11-05	772-582-383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #