


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90031 039 \*\*\*\*50.00

<b>DOCUMENT # L03000001497</b>		
1. Entity Name <b>MARK WARDA, LLC</b>		

Principal Place of Business <b>1725 CLEARWATER/LARGO ROAD SOUTH CLEARWATER, FL 33756 US</b>	Mailing Address <b>P.O. BOX 8 CLEARWATER, FL 33757 US</b>
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2. Principal Place of Business <b>28 WEST PARK AVE</b>	3. Mailing Address <b>P.O. BOX 186</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAKE WALES, FL</b>	City & State <b>LAKE WALES, FL</b>
Zip <b>33853</b> Country <b>US</b>	Zip <b>33859</b> Country <b>US</b>



04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>86-1054837</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LAND TRUST SERVICE CORPORATION 1725 CLEARWATER/LARGO ROAD SOUTH CLEARWATER, FL 33756</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>28 WEST PARK AVE</b> City <b>LAKE WALES</b> <b>FL</b> Zip Code <b>33853</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LAND TRUST SERVICE CORPORATION 1725 CLEARWATER/LARGO RD. S. CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR 28 WEST PARK AVE LAKE WALES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**LAND TRUST SERVICE CORPORATION, MANAGER**

**SIGNATURE:** *by Mark Warda* **PRESIDENT** **4/23/05** **727-581-8685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #