


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000003211</b>                             |  |
| <b>1. Entity Name</b><br>TERESA LEWANDOWSKI CONSULTING LLC |   |

|  |   |
|--|---|
| <b>Principal Place of Business</b><br>18460 NARCISSUS RD<br>FT MYERS, FL 33912 | <b>Mailing Address</b><br>18460 NARCISSUS RD<br>FT. MYERS, FL 33912 |
|--|---|



04172005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>71-0934904 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|--|---------------------------------------|

|  |                                       |
|--|---------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>LEWANDOWSKI, TERESA M<br>18460 NARCISSUS RD<br>FT. MYERS, FL 33912 | <b>DO NOT WRITE<br/>IN THIS SPACE</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** \_\_\_\_\_ 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  
Due by May 1, 2005

| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGRM<br>TERESA LEWANDOWSKI CONSULTING, LLC<br>18460 NARCISSUS RD<br>FT. MYERS, FL 33912 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |

U00000320651  
04/21/05-80046-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** Teresa M. Lewandowski **4/16/05** **239-242-7667**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #