


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000004446 1. Entity Name CEFERIN & VERICKER LLC	
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Principal Place of Business 5950 BAHAMA WAY N ST. PETE BEACH, FL 33706	Mailing Address P.O. BOX 66570 SAINT PETERSBURG BEACH, FL 33736 US
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**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2987168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  VERICKER, CHERYL L 5950 BAHAMA WAY N ST. PETE BEACH, FL 33706	<b>DO NOT WRITE 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERICKER, CHERYL L 5950 BAHAMA WAY N SAINT PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CEFERIN, JEANNINE 42 W. 471 REDBUD CT. SAINT CHARLES, IL 60175
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03/30/05-80019-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cheryl L. Vericker* 3/28/05 (727)360-5460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #