2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2005
Secretary of State

DOCUMENT# L03000007943

Entity Name: THE BRISTOL GROUP, LLC

Current Principal Place of Business:

13499 FOUNTAIN VIEW BLVD.
WELLINGTON, FL 33414

New Principal Place of Business:

11345 STONE CREEK STREET
LAKE WORTH, FL 33467

Current Mailing Address:

13499 FOUNTAIN VIEW BLVD.
WELLINGTON, FL 33414

New Mailing Address:

11345 STONE CREEK STREET
LAKE WORTH, FL 33467

FEI Number: 59-3768865 **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:

LANDRETTE, ANTHONY
13499 FOUNTAINVIEW BLVD.
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LANDRETTE, ANTHONY
11345 STONE CREEK STREET
LAKE WORTH, FL 33467 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: 06/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ANTHONY, LANDRETTE
Address: 13499 FOUNTAINVIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANTHONY, LANDRETTE
Address: 11345 STONE CREEK STREET
City-St-Zip: LAKE WORTH, FL 33467

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: ANTHONY LANDRETTE MGRM 06/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date