

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90029 015 \*\*\*\*50.00

**20038413**



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1686128**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FALKNER, THOMAS  
6911 RIVERSEDGE STREET CIRCLE  
BRADENTON, FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FALKNER, CHRISTOPHER  
2938 WILDERNESS BLVD. E.  
PARRISH, FL 34219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WRIGHT, LELAND  
6169 9TH AVE. CIRCLE, NE.  
BRADENTON, FL 34212

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WRIGHT, LINDA  
6169 9TH AVE. CIRCLE, NE.  
BRADENTON, FL 34212

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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:** Christopher Falkner

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

4-14-05

Date

Daytime Phone #