

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90029 018 ****50.00

DOCUMENT # L03000008493					
1. Entity Name ROBERT G. FEGERS, P.L.					
Principal Place of Business SUNTRUST BANK BUILDING 240 SECURITY SQUARE WINTER HAVEN, FL 33880			Mailing Address PO BOX 7692 WINTER HAVEN, FL 33883-7692		
2. Principal Place of Business TIME SQUARE BUILDING 340 WEST CENTRAL AVENUE			3. Mailing Address Suite, Apt. #, etc. SUITE 330		
Suite, Apt. #, etc. SUITE 330			Suite, Apt. #, etc. SUITE 330		
City & State WINTER HAVEN, FL			City & State WINTER HAVEN, FL		
Zip 33880		Country FL		City WINTER HAVEN	
Zip 33880		Country FL		City WINTER HAVEN	
4. FEI Number 75-3107483				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 FEGERS, ROBERT G SUNTRUST BANK BUILDING 240 SECURITY SQUARE WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name ROBERT G. FEGERS Street Address (P.O. Box Number is Not Acceptable) TIME SQUARE BUILDING 340 WEST CENTRAL AVENUE SUITE 330 City WINTER HAVEN	
Name ROBERT G. FEGERS				Street Address (P.O. Box Number is Not Acceptable) TIME SQUARE BUILDING 340 WEST CENTRAL AVENUE SUITE 330	
City WINTER HAVEN				Zip Code 33880	
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				DATE 4/15/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEGERS, ROBERT G 240 SECURITY SQUARE WINTER HAVEN, FL 33880				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 340 WEST CENTRAL AVENUE, SUITE 330 WINTER HAVEN, FL 33880				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
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:				Date 4/15/05	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Robert G. Fegers, Manager/Member				Daytime Phone # 863-294-2898	