


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90212 048 ****55.00

DOCUMENT # L03000010430


1. Entity Name
DOUGLAS L. FITCH, LLC



Principal Place of Business Mailing Address
3437 W. UNIVERSITY AVE. **3437 W. UNIVERSITY AVE.**
GAINESVILLE FL 32604 **GAINESVILLE FL 32604**

2. Principal Place of Business 3. Mailing Address
2100 N.W. 78 Place **2100 NW 78 Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Gainesville FL **Gainesville FL**
 Zip Country Zip Country
32653 USA **32653 USA**



1st MOORE CR2E083 (10/04)

4. FEI Number **34-1975680** **54-2170030** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
FITCH, DOUGLAS L
2110 NORTHWEST 78TH PLACE
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Douglas L. Fitch* DATE **3/8/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FITCH, DOUGLAS L	
STREET ADDRESS	2110 NW 78 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	FITCH, TABITHA L	
STREET ADDRESS	2110 NW 78 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Douglas L. Fitch* DATE **3/8/05** DAYTIME PHONE # **352 514-6563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #