2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Out 14, 2005 00:00 1	
DOCUMENT #L03000011941 1. Entity Name				Sec	retary of State
	L & SENNER, LLC				
Principal Plac	ce of Business	Mailing Address		,	
476 SEAWINDS DRIVE SANTA ROSA BEACH, FL 32459 476 SEAWINDS DRIVE SANTA ROSA BEACH, FL 32459			59		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DO NOT WRITE IN THIS SPACE			CE	01062005 No Chg-LLC 4. FEI Number	CR2E083 (10/03)
				54-2142504	Not Applicable
			-	5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent			
SENNER, RICKY E 476 SEAWINDS DRIVE SANTA ROSA BEACH, FL 32459			DO NOT WE		
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing its registere	ed office or register	ed agent, or both, in the State of Flori	da I am familiar with, and accept
SIGNATURE.	Signature, syped or printed name of registered agent	and tide if applicable. (NOTE Registere	d Agent signature required	when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2005			U00000:	180775
9.	MANAGING MEMBE	RS/MANAGERS	İ	01/14/05-(30017-024-50:00
TITLE NAME STREET ADDRESS	MGRM SENNER, RICKEY 476 SEAWINDS DR				
CITY ST-ZIP	SANTA ROSA BEACH, FL 3245	9	j .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKTOL, JOHN 49 SUNBURST CT. SANTA ROSA BEACH, FL 3245	<u> </u>	_		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	· · · ·	IN THIS SPA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				•	
TITLE NAME			·	•	

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 apply all the information indicated on this report is true and apply 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 receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY - ST - ZIP

URE: Arckly Sejahl
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/05

(888) 234-2855 Dayling Private #