

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012809

Entity Name: BOB AND SUE, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

12 OAK AVE.
ORMOND BEACH, FL 32174

New Principal Place of Business:

7 PLEASANTWOOD WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

12 OAK AVE.
ORMOND BEACH, FL 32174

New Mailing Address:

7 PLEASANTWOOD WAY
ORMOND BEACH, FL 32174

FEI Number: 42-1585430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPTA, SUSAN A
12 OAK AVE.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

DEPTA, SUSAN A
7 PLEASANTWOOD WAY
ORMOND BEACH, FL 32174 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: SUSAN A. DEPTA

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEPTA, SUSAN A
Address: 12 OAK AVE.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: HENRY, ROBERT J
Address: 12 OAK AVE.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEPTA, SUSAN A
Address: 7 PLEASANTWOOD WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Change () Addition
Name: HENRY, ROBERT J
Address: 7 PLEASANTWOOD WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: SUSAN A. DEPTA

MGR

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date