

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014535

Entity Name: SPEECHVILLE LLC

FILED  
Feb 17, 2005  
Secretary of State

**Current Principal Place of Business:**

PO BOX 8524  
PORT ST. LUCIE, FL 349528524

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8524  
PORT ST. LUCIE, FL 349528524

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GENG, LISA F  
2318 NW BAY COLONY COURT  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MIKEL, GINA M  
Address: 50 ORCHID LANE  
City-St-Zip: KIRKWOOD, MO 63122

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: MUSTAFA, CINDY  
Address: 8732 EAGLE SPRINGS DR.  
City-St-Zip: ALBUQUERQUE, NM 87113

Title: MGRM ( ) Change (X) Addition  
Name: RHONDA, JACOBSON  
Address: 203 FOREST RIDGE ROAD  
City-St-Zip: RICHMOND HILL, ON L4E 3L8 CA

Title: MGRM ( ) Change (X) Addition  
Name: TRICIA, MORIN  
Address: 1 COMMANDO AVE.  
City-St-Zip: POPE AFB, NC 28307

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: GINA MIKEL

MGMR

02/17/2005

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