# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## **DOCUMENT # L03000014958**

INFINITI RESOURCE MANAGEMENT, LLC



**FILED** Feb 05, 2005 08:00 AM **Secretary of State** 

Principal Place of Business \_

Mailing Address

4508 OAK FAIR BLVD., SUITE 270 TAMPA, FL 33610

4508 OAK FAIR BLVD., SUITE 270 TAMPA, FL 33610



01192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0783734

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALNAN, DENNIS J 4508 OAK FAIR BLVD., SUITE 270 TAMPA, FL 33610 \_\_\_

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8. The above the obliga	e named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATURE.		·	
_	Signature, typed or printed name of registered agent and little if applicable,	(NOTE, Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 Due by May 1, 2005	7 · 9	1/00000216806 (12/05/05-80064-006 55.00
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
TITLE	MGRM		
NAME	JONES, LAWRENCE E		
******	2004 UALL OAK COUDT		

#### STREET ADDRESS 3901 HALL OAK COURT VALRICO, FL 335948458 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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:

JRE: AUCUAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE LAWRELCE E. JONES (813)664-1664

Davtime Phone #