


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016595	
1. Entity Name BULL PEN PULLERS, L.L.C.	

Principal Place of Business 5009 SOUTH FLORIDA AVE. INVERNESS, FL 34450	Mailing Address P.O. BOX 447 INVERNESS, FL 34451
---	--



02112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1186892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LAPERLE, DAVID R 5009 S. FLORIDA AVE. INVERNESS, FL 34450
--

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPERLE, DAVID R 2121 N. MEADOWVIEW TERR. HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPERLE, TRAVIS 4659 E VANNESS RD HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELEASTRO, BRIAN 5495 E. MIMOSA LN INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000232421 02/16/05-80073-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: David Laperle 2/16/05 352-726-2483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #