


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000016907</b> 1. Entity Name <b>BETTY LANE REPLACEMENT, LLC</b>	
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Principal Place of Business <b>2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765</b>	Mailing Address <b>2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-1828629</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RAYMOND, J. PAUL 625 COURT ST., STE. 200 CLEARWATER, FL 33756</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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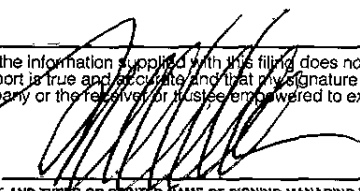
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, MARK S 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765
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01/21/05-80045-020 50.00

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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.

<b>SIGNATURE:</b>  <b>MARK S. Klein</b>	Date <b>1/13/05</b>	Daytime Phone # <b>727-491-1951</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		