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FILED Mar 26, 2005 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # L03000018839	25
1. Entity Name =	

Principal Place of Business

2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237

Mailing Address

2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237

01122005 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FEI Number Not Applicable 65-1191072 \$5.00 Additional

5. Certificate of Status Desired

Fee Required

5. Name and Address of Current Registered Agent

VENABLE, JOSEPH P 1400 4TH AVENUE WEST BRADENTON, FL 34205

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	named entity submits this statement for the purpose of ions of registered agent.	changing its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, yourd or printed name of registered agent and little if applicable	(NOTE Registered	Agent signature required when reinstating) DATE
F	lling Fee is \$50.00 ue by May 1, 2005	7 Dag	U00000277480
9.	MANAGING MEMBERS/MANAGERS	3	08/28/05-80031-012-50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVOLTA, PIERO 215 ROBIN DRIVE SARASOTA, FL 34236		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		74	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PIERO RIVOLTA

3/23/05

941 954 0355

Daytime Phone #