

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020731

FILED
Jul 08, 2005
Secretary of State

Entity Name: FORRESTEL & ASSOCIATES, LLC

Current Principal Place of Business:

1003 16TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

6817 SOUTHPOINT PKWY
SUITE 1101
JACKSONVILLE, FL 32216

Current Mailing Address:

1003 16TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

6817 SOUTHPOINT PKWY
SUITE 1101
JACKSONVILLE, FL 32216

FEI Number: 75-3045047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FORRESTEL, REED
1003 16TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

FORRESTEL, REED
13974 SHIPWRECK CIRCLE S
JACKSONVILLE, FL 32216 US

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: _____

07/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORRESTEL, REED
Address: 1003 16TH AVE N
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORRESTEL, REED
Address: 13974 SHIPWRECK CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32224

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: REED FORRESTEL

MGR

07/08/2005

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