

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90031 014 ****50.00

DOCUMENT # L03000020911	
1. Entity Name FULL SERVICE UTILITIES LLC	



Principal Place of Business 3120 S.W. NUTLEY ST PORT ST. LUCIE, FL 34953	Mailing Address 3120 S.W. NUTLEY ST PORT ST. LUCIE, FL 34953
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20019401

2. Principal Place of Business 971 SW Kappa Ave	3. Mailing Address 971 SW Kappa Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34953	Country USA



03012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1886430	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HUSTON, STEPHEN P 17883 38TH LANE NORTH LOXAHATCHEE, FL 33470	
7. Name and Address of New Registered Agent Name Kevin Golding Street Address (P.O. Box Number is Not Acceptable) 971 SW Kappa Ave. City Port St. Lucie, FL Zip Code 34953	

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	DATE 3/2/05
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**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN, HUSTON P 17883 38TH LANE NORTH LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change- <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEVIN, GOLDING L 3120 S.W. NUTLEY ST. PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	DATE 3/2/05	DAYTIME PHONE # 772-370-4309
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