
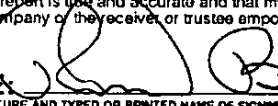


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2005 8:00 am
Secretary of State

04-20-2005 90029 045 ****50.00

DOCUMENT # L03000021630 1. Entity Name AMICABLE SOLUTIONS, LLC					
Principal Place of Business 5037 FAIRCLOTH STREET PACE FL 32571			Mailing Address 5037 FAIRCLOTH STREET PACE FL 32571		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number AP-PLIED FOR
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent BOYCE, RICHARD 5037 FAIRCLOTH STREET PACE FL 32571			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____		
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>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BOYCE, RICHARD 5037 FAIRCLOTH STREET PACE FL 32571		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	
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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 			RICHARD BOYCE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8-50-995-0781 Daytime Phone #		

ATTACHMENT

30006624

#L03 00062/630

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

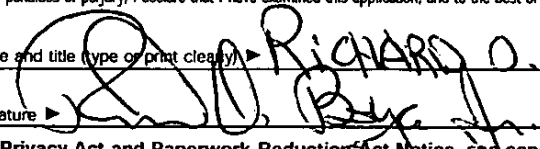
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

06-1746783
EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested AMICABLE SOLUTIONS, LLC		
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 1026	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code FACE, FL 32571	5b City, state, and ZIP code	
	6 County and state where principal business is located SANTA ROSA		
	7a Name of principal officer, general partner, grantor, owner, or trustee RICHARD BOYCE	7b SSN, ITIN, or EIN 196-36-8867	
8a Type of entity (check only one box)	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) ▶		
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated <LLC>	State FLORIDA	Foreign country	
9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE INVESTMENT <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (month, day, year)	11 Closing month of accounting year 6/30		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".	Agricultural -0-	Household -0-	Other -0-
14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Other (specify)		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name WILLIAM W SEARS, CPA	Designee's telephone number (include area code) 32504 (850) 479-1040	
	Address and ZIP code 6160 N DAVIS HWY, SUITE 7 PENSACOLA, FL	Designee's fax number (include area code) (850) 494-1984	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) (850) 995-0787 Applicant's fax number (include area code) (850) 995-0787
Name and title (type or print clearly) ▶ RICHARD O. BOYCE JR.			
Signature ▶ 			Date ▶ 5/16/05