2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022148

1. Entity Name

MAKE US AN OFFER, LLC



Principal Place of Business

10404 DOUBLE BAYOU WAY TAMPA, FL 33615 Mailing Address

10404 double bayou way _Tampa, Fl 33615 FILED Mar 12, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1174704

5. Certificate of Status Desired \$5.00

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

		1	
8. The above the obliga	named entity submits this statement for the purpose of chaptions of registered agent	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstaling)	DATE
F	lling Fee is \$50.00 ue by May 1, 2005		
S.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID KANSTOROO, PA 10404 DOUBLE BAYOU WAY TAMPA, FL 33615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	03/14/05-80029-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

11. I hereby certify that the information supplied with this filling 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

STREET ADDRESS

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

3/5/05

813-855-000

Daytime Phone #