

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90045 024 ****55.00

20016223



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
26-0072824

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOCHSTADT, STANLEY
24216 SANTA INEZ ROAD
PUNTA GORDA, FL 33955

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME HOCHSHADT, STANLEY ☐ Delete
STREET ADDRESS 24216 SANTA INEZ RD.
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE MGRM
NAME SPECTOR, JOEL ☐ Delete
STREET ADDRESS 4011 CABIA CAY ESTATES DR
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE MGRM
NAME LANG, DOUG ☐ Delete
STREET ADDRESS 4081 CABIA CAY ESTATES
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME HOCHSTADT, STANLEY
STREET ADDRESS 24216 SANTA INEZ ROAD
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Stanley Hochstadt 02-08-05 941-833-8903

Date

Daytime Phone #