

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025629

Entity Name: GILES MENAKER LLC

FILED
Mar 03, 2005
Secretary of State

Current Principal Place of Business:

7120 LAKE ELLENOR DR
ORLANDO, FL 32809

New Principal Place of Business:

9838 LAKE LOUISE DRIVE
WINDERMERE, FL 34786

Current Mailing Address:

7120 LAKE ELLENOR DR
ORLANDO, FL 32809

New Mailing Address:

236 COUNTY ROAD 308
SKIPPERVILLE, AL 36374

FEI Number: 56-2377649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENAKER, MITCH
4303 VINELAND RD
#F-15
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

MENAKER, MITCH
9838 LAKE LOUISE DRIVE
WINDERMERE, FL 34786 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:

03/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GILES, PATRICIA S
Address: 1727 ROBERTS LANDING DR
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: MENAKER, MITCH
Address: 4303 VINELAND RD STE F15
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MENAKER, MITCH
Address: 9838 LAKE LOUISE DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: MITCHELL G. MENAKER

MGR

03/03/2005

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