2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Jan 21, 2005 8:00 am Secretary of State

AIIIIVAE INEI VILI						Scerciary of State				
DOCUMENT # L03000027208 1. Entity Name CTI FLEET SERVICES, LLC							01-21-2005	90096 044	****50.	00
Principal Place	e of Business		Mailing Address			=				
19321 U.S. 19 N., STE, 308			19321 U.S. 19 N., STE. 308			1				
CLEARWATER			CLEARWATER, FL 33764			20003214				
SERVINE GOTO						20000514				
2. Principal Place of Business 8080 UIMERTON Rd			3. Mailing Address 8080 Ulmerton Rd							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112005	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State			4. FEI Numb		_		plied For
Larg	Count				76-0738200 Not Applicable 5 Codificate of Status Paging \$5.00 Additional					
<u> </u>		ellas	33771	Pine	1195	5. Certificate	of Status Desired		ee Required	
	6. Name and Ad	dress of Current F	egistered Agent			7. Name and Address of New Registered Agent				
Name										ļ
SOMERS, LANCE 19321 U.S. 19 N., STE. 308							er is Not Accentab	le)		
	TER, FL 33764	,	8080			(P.O. Box Number is Not Acceptable)				
022				Suita			•			
				⊢	City				Zip Code	
				i	LAR	40		FL	33	771
			the purpose of changing its	registered	office or registe	ered agent, or bo	th, in the State of F	lorida. I am fa	miliar with,	and accept
the obligat	ions of registered age	ent.			10					,
SIGNATURE:			•			i vi	14 Jr. 6	A.50		
aldi var orier.	Signature, typed or printed in	ame of registered agent a	nd title if applicable." (NOTI	E: Registered A	Agent signature require	ad when reinstating)	- -	DATE .		
					3,					:
Filing Fee is \$50.00 Due by May 1, 2005								ke check pa		
(SEE 1) - Di	ue by May 1, 20	05	\$1.0 Kg				Florid	la Departme	nt of State	E - '.'
							ADDITION IS	VOLUMNOED		
9.		ANAGING MEMBE	···	10.	:		ADDITIONS	/CHANGES		
TITLE .	MGRM	_	☐ Delete	TITLE				·	☐ Change	☐ Addition
NAME STREET ADDRESS	SOMERS, LANC 19321 U.S. 19 N.			NAME	ADDRESS					1
CITY-ST-ZIP	CLEARWATER,			CITY-SI	l l					-
. ———	CLLARVATER	TL 33704					-· · · · · · · · · · · · · · · · · · ·			
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME CENTER ADDRESS				NAME	ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-S	I					
					77-211		 .			
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS		•		NAME STREET	ADDRESS					
CITY-ST-ZIP	<u> </u>			CITY-S	I					
				_	-			_	Change	Addition
TITLE NAME			☐ Delete	TITLE					☐ Change	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S						
TITLE			Delete	TITLE					☐ Change	Addition
NAME			רדו הפומות	NAME						
STREET ADORESS				1	T ADDRESS					
CITY-ST-ZIP				CITY-S	- 1	•	<u> </u>			. ·- ·
JITLE		<u></u>	☐ Delete	TITLE	- 				☐ Channe	- Addition
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CITY-ST-ZIP	NATE NO ST			CITY-S			والمراج والشوش	<u>;</u>		
	no attitution in a tra	ntion as maltar . As	this filing does not qualify for			Contine 110 07/1	Vi) Florida Statuta	I further or ==	fit that the	
indicator	f on this conart is true	and accurate and	that my cionature chall have	the came	lonal offect se if	i made under og	h that I am a man	aging membe	ny unatime il rormanage	r of the
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.										
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										