2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027848

1. Entity Name
THE BYTE SHOP, LLC

Principal Place of Business	Mailing Address
4520 TAMIAMI TRAIL N. NAPLES, FL 34103	4520 TAMIAMI TRAIL N. NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number
47-0918370
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, TED
9140 GOLFSIDE DR.
SUITE #11 NORTH
JACKSONVILLE, FL 32256

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	WEXELL, JIMMIE DALE
STREET ADDRESS	4520 TAMIAMI TRAIL N.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	WEXELL, FRANCES MARION
STREET ADDRESS	4520 TAMIAMI TRAIL N.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	WEXELL, GREGORY JAMES
STREET ADDRESS	4520 TAMIAMI TRAIL N.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/5/05 239-434-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #