

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029118

Entity Name: COMPLETEAUCTIONS, LLC

FILED
Jun 07, 2005
Secretary of State

Current Principal Place of Business:

6477 NW 38TH WAY
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

6477 NW 38TH WAY
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 56-2433369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZIMMER, DAVID
6477 NW 38TH WAY
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

ZIMMER, DAVID M
6477 NW 38TH WAY
BOCA RATON, FL 33496 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: DAVID M. ZIMMER

06/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZIMMER, SHERRY
Address: 6477 NW 38TH WAY
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Delete
Name: ZIMMER, DAVID
Address: 6477 NW 38TH WAY
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MS (X) Change () Addition
Name: ZIMMER, DEBBIE
Address: 6477 NW 38TH WAY
City-St-Zip: BOCA RATON, FL 33496

Title: MR (X) Change () Addition
Name: ZIMMER, DAVID M
Address: 6477 NW 38TH WAY
City-St-Zip: BOCA RATON, FL 33496

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: DAVID M. ZIMMER

MR

06/07/2005

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