

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029655

FILED  
Mar 15, 2005  
Secretary of State

**Entity Name:** THE UNITED STATES LOST & FOUND REGISTRY, LLC

**Current Principal Place of Business:**

921 WHITE ST. #2  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6570  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 86-1077911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLEY, ALBERT L  
926 TRUMAN AVE.  
KEY WEST, FL 33040      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: CAMPBELL, THOMAS  
Address: 921 WHITE ST #2  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM      ( ) Delete  
Name: CAMPBELL, LINDA  
Address: 921 WHITE ST #2  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

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

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

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: THOMAS CAMPBELL      MGRM      03/15/2005

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