

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030257

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: CHRIST L.L.C.

**Current Principal Place of Business:**

2507 SE 25TH PL  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2507 SE 25TH PL  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 01-0794393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANCARE, KHRISTOPHOR  
2507 SE 25TH PL  
CAPE CORAL, FL 33904 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: MGR ( ) Delete  
Name: MANCARE, KHRISTOPHOR  
Address: 2507 SE 25TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR ( ) Delete  
Name: JASIK, JADWIGA  
Address: 2507 SE 25TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: EBERTOWSKI, SEWERYN  
Address: UL. DYWIZJONU 303 5H/10  
City-St-Zip: GDANSK, PL 80-462 PL

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: KHRISTOPHOR MANCARE

MGR

04/30/2005

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