

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031681

Entity Name: METROPOLITAN SITESCAPES, LLC

FILED  
Mar 11, 2005  
Secretary of State

## Current Principal Place of Business:

13200 WEST NEWBERRY ROAD  
#S104  
NEWBERRY, FL 32669 US

## Current Mailing Address:

13200 WEST NEWBERRY ROAD  
#S104  
NEWBERRY, FL 32669 US

## New Principal Place of Business:

107 OGLETHORPE BLVD.  
#B  
ST. AUGUSTINE, FL 32080 US

## New Mailing Address:

107 OGLETHORPE BLVD.  
#B  
ST. AUGUSTINE, FL 32080 US

FEI Number: 55-0848306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIELDS, DOUGLAS A  
13200 WEST NEWBERRY ROAD  
#S104  
NEWBERRY, FL 32669 US

## Name and Address of New Registered Agent:

SHIELDS, DOUGLAS A  
107 OGLETHORPE BLVD.  
#B  
ST. AUGUSTINE, FL 32080 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: DOUGLAS A. SHIELDS

03/11/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SHIELDS, NANCY  
Address: 13200 WEST NEWBERRY ROAD #S104  
City-St-Zip: NEWBERRY, FL 32669 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SHIELDS, NANCY  
Address: 107 OGLETHORPE BLVD. #B  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: NANCY SHIELDS

MGR

03/11/2005

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