

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032630

FILED
Jul 25, 2005
Secretary of State

Entity Name: WYCHE BROTHERS, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

521 WEST CERVANTES STREET
PENSACOLA, FL 325013033

New Principal Place of Business:

861 MAPLEWOODS CIRCLE
PENSACOLA, FL 325344153

Current Mailing Address:

521 WEST CERVANTES STREET
PENSACOLA, FL 325013033

New Mailing Address:

861 MAPLEWOODS CIRCLE
PENSACOLA, FL 325344153

FEI Number: 65-1202552 **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:

WYCHE, JOHN HENRY
521 WEST CERVANTES STREET
PENSACOLA, FL 325013033 US

Name and Address of New Registered Agent:

WYCHE, JOHN HENRY
861 MAPLEWOODS CIRCLE
PENSACOLA, FL 325344153 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: _____

07/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WYCHE, JOHN H
Address: 861 MAPLEWOOD CIRCLE
City-St-Zip: PENSACOLA, FL 32534

Title: MGRM () Delete
Name: WYCHE, CHARLES A
Address: 961 WEST BOBE STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM () Delete
Name: WYCHE, DOUGLAS B
Address: 9009 UNIVERSITY PARKWAY #129
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: WYCHE, GREGORY A
Address: PSC 559 BOX 5482
City-St-Zip: FPO AP 96377,

ADDITIONS/CHANGES:

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

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

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: JOHN H. WYCHE

MGRM

07/25/2005

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