


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90032 010 ****50.00

DOCUMENT # L03000033608 1. Entity Name WINGS N' WHISKERS, L.L.C.					
Principal Place of Business 806 AMETHYST WAY VALRICO, FL 33594			Mailing Address 806 AMETHYST WAY VALRICO, FL 33594		
2. Principal Place of Business 4333 Cindy Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 92894 Suite, Apt. #, etc.			
City & State Lakeland FL Zip 33810		City & State Lakeland, FL Zip 33804		4. FEI Number 20-0173369	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JENSEN, PAUL C 806 AMETHYST WAY VALRICO, FL 33594			7. Name and Address of New Registered Agent Name Paul C. Jensen Street Address (P.O. Box Number is Not Acceptable) 2001 16th Street North City St. Petersburg FL Zip Code 33704		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Paul Jensen</i></u> DATE 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, EDWARD 806 AMETHYST WAY VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Roberts, Edward 4333 Cindy Road Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Edward Roberts</i></u> 5/7/05 813-417-9885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

20050300



04212005 Chg-LLC CR2E083 (10/03)

WAS RECEIVED IN MAIL ON 5/6/05 (RM)