## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90039 048 \*\*\*\*50.00

Filling Fee is \$50.00 Due by May 1, 2005  Make check payable to Florida Department of State  Make Check payable to Florida Department of State  Delete  TITLE MGRM REECE, ALEXANDER RIBET ADDRESS 1912 NW 67TH PLACE STREET ADDRESS CITY-SI-2P GAINESVILLE, FL 32653  TITLE MGRM CHESHIRE, LARRY H 4609 B-3 NW 6TH STREET GAINESVILLE, FL 32609  Delete  TITLE MAKE STREET ADDRESS CITY-SI-2P MAKE STREET ADDRESS CITY-SI-2P  Delete  TITLE MAKE STREET ADDRESS CITY-SI-2P  Delete TITLE MAKE STREET ADDRESS CITY-SI-2P  TITLE MAKE CHARGE CHARGE ADDRESS CITY-SI-2P  TITLE MAKE CHA	1. Entity Nam	MENT # L03000034 res, l.l.c.	033			04-28-200.	5 90039 048 ***	
Sulle, Apt. # acc.  Ac	4609 NW 6T	H STREET, #B3	4609 NW 6TH STREET,			140074	03	
City & State Grinesy: Use Grinesy: Use Grinesy: Use Country Jacks Jack	4609	NW 6th Street	6921 NO	w zard.	Street			
Country   Coun	Suite, Apt.		Suite, Apt. #, etc.		04252005	Chg-LLC	CR2E083 (10/0	)3)
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Alex Ree CQ  Street Address (P.O. Box Number is Next Acceptable)  Make Check payable to Fold Addition  Make Check payable to Fold Addition  ADDITIONS/CHANGES  ITIE  MAGRA	City & State	000//0 . 7/	City & State	le 26	<b> </b>			• • • • • • • • • • • • • • • • • • • •
Name   Alex   Ree CQ	Zip	Country Alachua	326=3	Country ,	5. Certificat	e of Status Desired	Fee Req	Additional
CHESHITE LARRY H  609 N/DERISTREET, #83  ANINESVILLE, PL-32809  Street Address (P.O. Box Number is Not Acceptable)  Street		6. Name and Address of Current I	Registered Agent	Name			Registered Agent	
City   Gaines ville   FL   Zip Code   326£	4609 NW	STREET, #B3					ole)	
In the above named entity submits this statement for the durpose of chapting its registered adjust.  In above named entity submits this statement for the durpose of chapting its registered adjust.  In above named entity submits this statement for the durpose of chapting its registered adjust.  In above named entity submits this statement for the durpose of chapting its registered adjust.  In above named entity submits this statement for the durpose of chapting its registered adjust or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of Policia and I am familiar with, and accept the obligations of Policia and I am familiar with, and accept the obligations of Policia and I am familiar with, and accept the obligations of Policia and I am familiar with, and accept the obligations of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the obligation of Policia and I am familiar with, and accept the policia and I am familiar with, and accept the policia and I a	GAINESVI	LLE, FL-32609	7/1	1		•	i	
THE MGRM CHESHIRE, LARRY H  MAKE CHESHIRE CHESK  MAKE CHESHIRE CHESHIRE  MAKE CHESHIRE CHESK  MAKE CHESHIRE CHESHIRE  MAKE CHE				/ ~			r L	22055
Filling Fee is \$50.00 Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MGRM REECE, ALEXANDER 1912 NW 67TH PLACE GAINESVILLE, FL 32653  CITY-S1-2P GAINESVILLE, FL 32653  CITY-S1-2P GAINESVILLE, FL 32609  Delete  MARE GAINESVILLE, FL 32609  Delete  TITLE MGRM CHESHIRE, LARRY H 4609 B-3 NW 67TH STREET GAINESVILLE, FL 32609  Delete  TITLE MARE STREET ADDRESS CITY-S1-2P  GAINESVILLE, FL 32609  Delete  TITLE MARE STREET ADDRESS CITY-S1-2P  TITLE MARE STREET ADDRESS CITY-S1-2P  TITLE MARE STREET ADDRESS CITY-S1-2P  TITLE MARE MARE MARE MARE MARE MARE MARE MAR			r the purposer (i changing its	registered office of	r registered agent, or b	oth, in the State of I		. 1
Filling Fee is \$50.00 Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MGRM REECE, ALEXANDER 1912 NW 67TH PLACE GAINESVILLE, FL 32653  CITY-S1-2P GAINESVILLE, FL 32653  CITY-S1-2P GAINESVILLE, FL 32609  Delete  MARE GAINESVILLE, FL 32609  Delete  TITLE MGRM CHESHIRE, LARRY H 4609 B-3 NW 67TH STREET GAINESVILLE, FL 32609  Delete  TITLE MARE STREET ADDRESS CITY-S1-2P  GAINESVILLE, FL 32609  Delete  TITLE MARE STREET ADDRESS CITY-S1-2P  TITLE MARE STREET ADDRESS CITY-S1-2P  TITLE MARE STREET ADDRESS CITY-S1-2P  TITLE MARE MARE MARE MARE MARE MARE MARE MAR	SIGNATURE .	X		<u> </u>			4/25/	<u>er</u>
THE MARK PLANESS OF THE PROPERTY OF THE PROPER		Signature, typed or printed frame of registered agent a	and title if applicable. (NOTE	: Registered Agent signet	ure required when reinstating)	1	DATE	
TITLE MGRM REECE, ALEXANDER RIRET ADDRESS IRRET ADDRESS RIRET ADDRESS RI	Fi De	iling Fee is \$50.00 ue by May 1, 2005						
REECE, ALEXANDER 1912 NW 67TH PLACE 1912 NW 67TH PLACE GAINESVILLE, FL 32653  TILE MARE MARE CHESHIRE, LARRY H ANA EIREET ADDRESS ITV-S1-ZIP  TILE MARE ITREET ADDRESS ITT-S1-ZIP  TILE MARE MARE MARE MARE MARE MARE MARE MAR	9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITION		
IREET ADDRESS OF 2.1 NW 22nd SEPECT GAINESVILLE, FL 32653  THE MGRM OLESHIRE, LARRY H AMME CHESHIRE, LARRY H 4609 B-3 NW 6TH STREET GAINESVILLE, FL 32609  TITLE MAKE STREET ADDRESS CITY-ST-2IP  TITLE MAKE MAKE STREET ADDRESS CITY-ST-2IP  TITLE MAKE MAKE STREET ADDRESS CITY-ST-2IP  TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	TITLE		Delete		MARM	الماماء	<b>X</b> Chan	ge 🗌 Addition
TITLE CHANGE  THE CHANGE  TH	STREET ADDRESS	1			6921 NW 3	zznel stree	<sub>z</sub> t	
CHESHIRE, LARRY H 4609 B-3 NW 6TH STREET GAINESVILLE, FL 32609  ITLE IAME IRRET ADDRESS CITY-S1-ZIP  ITLE IRRET ADDRESS CITY-S1-ZIP ITRET ADDRESS CITY-S1-ZIP ITRET ADDRESS CITY-S1-ZIP ITRET ADDRESS CITY-S1-ZIP ITRET ADDRESS CITY-S	CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-\$T-ZIP	gainesville	2,26 32	653	
TREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609  TITLE LAME STREET ADDRESS CITY-ST-ZIP  TITLE LAME Change Addition Addition Addition Addition Addition Change Addition Addition Addition Change Addition	TITLE		☐ Delete				Chan	ge 🗌 Addition
TITLE  IAME  ITTLE  ITTLE  ITTLE  ITTLE  ITTLE  ITTLE  ITTLE  IAME	STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME MAME MAME MAME MAME MA	CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP  TITLE AAME FIREET ADDRESS CITY-ST-ZIP  TITLE AAME STREET ADDRESS CITY-ST-ZIP  TITLE AAME AAME STREET ADDRESS CITY-ST-ZIP AAMINING Change AAMINING AAM	TITLE		☐ Delete			-	☐ Chan	ge 🔲 Addition
CITY-ST-ZIP  CHANGE  Addition  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition	NAME STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete Addition	CITY-ST-ZIP							]
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Addition Addition Change Addition Addition Change Addition	TITLE		☐ Defete	TITLE			☐ Char	ge Addition
CITY-ST-ZIP	NAME			<del>-</del>				
TITLE								į
NAME	TITLE		□ Delete	┪			☐ Chan	ne
CITY-ST-ZIP								• • • • • • • • • • • • • • • • • • • •
TITLE Delete TITLE Change Addition	NAME							
	STREET ADDRESS				i			
NAME   NAME   1	STREET ADDRESS CITY-ST-ZIP		□ Delete	<del> </del>			☐ Char	ne D Addition
	STREET ADDRESS		☐ Delete	<del> </del>			☐ Char	ge 🔲 Addition
	STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS			☐ Char	ge 🔲 Addition
11. I hereby certify that the information supplied with this filling these policy to the elemption 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 his signature shall have the earne legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or toster empty erect to execute this point as equived by Chapter 608, Florida Statutes.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	TITLE NAME STREET ADDRESS CITY-59-ZIP				
SIGNATURE: \( 4/25/05 (352) 2251	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. Liberaby	certify that the information supplied with on this report is true and accurate and ability company or the receiver or traster	outs filinatives plt qualify for	TITLE NAME STREET ADDRESS CITY-SY-ZIP	od in Section 119.07(3 ict as if made under oa by Chapter 608, Florida	e)(i), Florida Statute th; that I am a man a Statutes.	s. I further certify that t	ne information