## 2005 LIMITED LIABILITY COMPANY. ANNUAL REPORT

SIGNATURE:

## Apr. 13, 2005 08:00 AM Secretary of State DOCUMENT # L03000034066 1. Entity Name SANDRA BOHEM, PLC Principal Place of Business Mailing Address 2466 MOORE HAVEN DR. W. 2466 MOORE HAVEN DR. W. CLEARWATER, FL 33763 \_US CLEARWATER, FL 33763 04062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0208535 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOHEM, SANDRA DO NOT WRITE 2466 MOORE HAVEN DR. W. CLEARWATER, FL 33763 IN THIS SPACE 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, typod or printed name of registered agent and tille if applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BOHEM, SANDRA NAME 2466 MOORE HAVEN DR. W. STREET ADDRESS U00000302762 CLEARWATER, FL 33763 CITY-ST-ZIP T4/13/05-80084-017 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED