



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90202 048 ****50.00

DOCUMENT # L03000035148 1. Entity Name BILLMARK, LLC					
Principal Place of Business 1512 NORTH PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573			Mailing Address 4846 SUN CITY CENTER BLVD. #234 SUN CITY CENTER, FL 33573		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1512 NORTH PEBBLE BEACH BLVD Suite, Apt. #, etc.			
City & State SUN CITY CENTER, FL		City & State SUN CITY CENTER, FL		4. FEI Number NOT APPLICABLE	
Zip 33573		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BALART, PABLO 1512 NORTH PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573				7. Name and Address of New Registered Agent Name WILLIAM STRICKLAND Street Address (P.O. Box Number is Not Acceptable) 1512 NORTH PEBBLE BEACH BLVD City SUN CITY CENTER FL Zip Code 33573	
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>William Strickland</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR STRICKLAND, WILLIAM 1512 NORTH PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALART, PABLO 4646 SUN CITY CENTER BLVD. #234 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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>William Strickland</i></u> 1/26/05 813/633-8519 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					