



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90104 045 ****50.00

DOCUMENT # L03000036001 1. Entity Name 5150 SO FLA (A & C), LLC					
Principal Place of Business 5300 S. FLORIDA AVE., SUITE E-2 LAKELAND, FL 33813				Mailing Address PO BOX 5378 LAKELAND, FL 33807-5378	
2. Principal Place of Business 5150 S. Florida Ave. Suite, Apt. #, etc. Ste. 319		3. Mailing Address P.O. Box 5078 Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 20-0251503	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WENDEL, JOHN F WENDEL & CHRITTON, CHARTERED 5300 S. FLORIDA AVE. LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 225 E. Lemon St. Ste. 300 City Lakeland FL Zip Code 33801			
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 _____ <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 WENDEL, JOHN F PO BOX 5378 LAKELAND, FL 33807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wendel, John F. 225 E. Lemon St. Ste. 300 Lakeland, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, ALBERT G PO BOX 5378 LAKELAND, FL 33807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wendel, Albert G. 5150 S. Florida Ave. Ste. 319 Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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>Albert G Wendel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> ALBERT G WENDEL			4/30/05 <small>Date</small>		863/648-9626 <small>Daytime Phone #</small>