

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036143

**FILED**  
**Jan 03, 2005**  
**Secretary of State**

**Entity Name:** AARDENT ENTERPRISES LLC

**Current Principal Place of Business:**

513 TERRACE COVE WAY  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

513 TERRACE COVE WAY  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENT, CHERYL A  
513 TERRACE COVE WAY  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KENT, CHERYL A  
Address: 513 TERRACE COVE WAY  
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM ( ) Delete  
Name: KENT, FREDERICK W JR.  
Address: 513 TERRACE COVE WAY  
City-St-Zip: ORLANDO, FL 32828 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHERYL A. KENT

MGRM

01/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date