


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000036332		
1. Entity Name NEAT EXPECTATIONS, LLC		
Principal Place of Business 1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259	Mailing Address 1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TURNER, LYNDA 1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259		DO NOT WRITE 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: <u>Lynda F. Turner</u> <small>Signature, type or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when retreating)</small>		
Filing Fee is \$50.00 + \$ 5.00 = \$55.00 CHECK # 1071		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, LYNDA 1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259	
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Lynda F. Turner</u> 3-16-05 (904) 287-2444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



03162005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

83-0370768

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

000000275275
03/24/05-80048-004 55.00