


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90021 026 ****50.00

DOCUMENT # L03000038809 1. Entity Name VANNWELL INTERNATIONAL ENTERPRISES, LLC					
Principal Place of Business 625 PINE RIDGE DRIVE DAVENPORT, FL 33897			Mailing Address 625 PINE RIDGE DRIVE DAVENPORT, FL 33897		
2. Principal Place of Business 43392 Highway 27		3. Mailing Address 43392 Highway 27			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Davenport, FL		City & State Davenport, FL		4. FEI Number 51-0489467	
Zip 33837		Country Polk		Applied For <input type="checkbox"/> Not Applicable	
Zip 33837		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVIGNE, JAMES R 7087 GRAND NATIONAL DRIVE, SUITE 100 LAVIGNE, COTON & ASSOCIATES, P.A. ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Mark Vanner Street Address (P.O. Box Number is Not Acceptable) 732 Birkdale St. City Davenport FL Zip Code 33897		
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>M Vanner</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4-15-05</i></u>					
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 VANNER, MARK 625 PINE RIDGE DRIVE DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANNER, FRANCES 625 PINE RIDGE DRIVE DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Manager Paul Gillen 43392 Highway 27 Davenport, FL 33837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Manager Terry Vannell 732 Birkdale St. Davenport, FL 33837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Manager Valerie Vannell 732 Birkdale St. Davenport, FL 33837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>M Vanner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				863 420 1413 Date <u><i>04/14/05</i></u>	