

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040391

**FILED**  
**Feb 08, 2005**  
**Secretary of State**

**Entity Name:** CENTRAL ELEVATOR INSPECTION SERVICES, LLC

**Current Principal Place of Business:**

2612 ALVEY DRIVE  
HAYMARKET, VA 20169

**New Principal Place of Business:**

**Current Mailing Address:**

2612 ALVEY DRIVE  
HAYMARKET, VA 20169

**New Mailing Address:**

**FEI Number:** 54-1938983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, DAVID M  
2970 SAN FILIPPO DRIVE  
S E PALM BAY, FL 32909 US

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

WATSON, DAVID M  
1533 MADISON RD NW  
PALM BAY, FL 32907 US

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:** DAVID M. WATSON

02/08/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** WATSON, DAVID M  
**Address:** 2970 SAN FILIPPO DRIVE  
**City-St-Zip:** S E PALM BAY, FL 32909

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** WATSON, DAVID M  
**Address:** 1533 MADISON RD NW  
**City-St-Zip:** PALM BAY, FL 32907

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:** DAVID M WATSON

MGR

02/08/2005

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