


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90087 019 *****50.00

DOCUMENT # L03000041964	
1. Entity Name PLEASANT HILL ROAD, LLC	

Principal Place of Business 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 US	Mailing Address 120 WEST CARROLL STREET KISSIMMEE, FL 34741 US
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50054161

2. Principal Place of Business	3. Mailing Address 8 BROADWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 218
City & State	City & State KISSIMMEE, FL
Zip	Country
34741	OSCEOLA



06242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1071792	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LANDIS, DAVID M 225 EAST ROBINSON STREET SUITE 600 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEIVE, RANDY L 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE.

5.29.05

Date Daytime Phone #