2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L03000042095

1. Entity Name
POWERLINE LOTS LLC



US

FILED
Jan 07, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

12475 SW 58TH STREET SW RANCHES, FL 33330 US 12475 SW 58TH STREET SW RANCHES, FL 33330

CR2E083 (10/03)

4. FEI Number 20-0353722

01052005 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

SAMUELSON, WALTER T 12475 SW 58TH STREET SW RANCHES, FL 33330

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

 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 May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMUELSON, WALTER T 12475 SW 58TH STREET SW RANCHES, FL 33330		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMUELSON, LUANN M 12475 SW 58TH STREET SW RANCHES, FL 33330		U00000174507 01/10/05-80013-012 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not or on this report is true and accurate and that my signature spe bility company or the receiver or trustee empowered to exec	rafify for the exemption stated in Section 119.07(3 all have the same legal effect as if made under oat ute this report as required by Chapter 608, Florida	(ii), Florida Statutes. I further certify that the information th; that I am a managing member or manager of the Statutes.	