



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90350 015 ****50.00

DOCUMENT # L03000044298					
1. Entity Name PIRATE SOUL, LLC					
Principal Place of Business 402 W. LANCASTER AVENUE HAVERFORD, PA 19041			Mailing Address 402 W. LANCASTER AVENUE HAVERFORD, PA 19041		
2. Principal Place of Business 524 Front Street Suite, Apt. #, etc.		3. Mailing Address 524 Front Street Suite, Apt. #, etc.			
City & State Key West, FL		City & State Key West, FL		02222005 Chg-LLC CR2E083 (10/03)	
Zip Country 33040 USA		Zip Country 33040 USA		4. FEI Number 43-2036790	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUGHES, ERICA N ESQ. 500 FLEMING STREET KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Same Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	MGR CROCE, PAT 402 W. LANCASTER AVENUE HAVERFORD, PA 19041	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Croce, Pat 835 Mt. Moro Road, Villanova, PA 19086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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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.					
Pat Croce, Managing Member					
SIGNATURE: _____				Date 3/7/5 Daytime Phone #	