


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90034 023 ****50.00

DOCUMENT # L03000044611		
1. Entity Name LAURA REYES "LC"		

Principal Place of Business 18118 US 41 NORTH LOT 60A LUTZ, FL 33549	Mailing Address 18118 US 41 NORTH LOT 60A LUTZ, FL 33549
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20050378



2. Principal Place of Business 7708 JENNER AVE	3. Mailing Address RD 1894
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262005 Chg-LLC CR2E083 (10/03)

City & State New Port Richey FL	City & State Talpon Springs FL
Zip 34655	Zip 34688
Country USA	Country USA

4. FEI Number 57-1194190	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REYES, LAURA 18118 US 41 NORTH LOT 60A LUTZ, FL 33549	
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7. Name and Address of New Registered Agent	
Name	
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 <i>Laura Reyes</i>	DATE 4-26-05

**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 REYES, LAURA 18118 US 41 NORTH LOT 60A LUTZ, FL 33549 <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: <i>Laura Reyes</i>	DATE: 4-26-05 DAYTIME PHONE: 813-313-8213