2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 04, 2005 8:00 am Secretary of State

1. Entity Name THE CEILING MASTER LLC	5969) .	02-04-2005 9	90102 0	3	0.00
Principal Place of Business Mailing Address 9949 ELGIN ROAD 9949 ELGIN ROAD TALLAHASSEE, FL 32305 TALLAHASSEE, FL 3230		305		1111111111111	Taina iinii aa ni ta in aa n	Se i b Ge	1881 19 81 1 861 18	H811 III 1656
2. Principal Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01312005	Chg-LLC	CR2E	083 (10/03)		
City & State	ity & State City & State			4. FEI Numbe		18	⊢ + -	pplied For ot Applicable
Zip Country	Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add	
6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered	Agent	
BROWNING, MICHAEL B			Name	•				
9949 ELGIN ROAD TALLAHASSEE, FL 32305			Street Address	ddress (P.O. Box Number is Not Acceptable)				
No. 1 No. 1 No. 1			City	· · ·		FL	Zip Cod	le .
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. (NOTI	E: Registere	d Agent signature require	ed when reinstating)		DATE		 -
Filing Fee is \$50.00 Due by May 1, 2005								
Filing Fee is \$50.00 Due by May 1, 2005							payable to nent of Stat	e
Due by May 1, 2005	ERS/MANAGERS	10.			Florida	Departm	nent of Stat	e
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9		TITLE	E		Florida	Departm	nent of Stat	
9		TITLE NAM STRE	ET ADDRESS		Florida	Departm	nent of Stat	
9	☐ Delete	TITLE NAM STRE CITY	ET ADORESS -SI-ZIP		Florida	Departm	Change	Addition
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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.