2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2005 08:00 AM Secretary of State

DOCUMENT # L0300 1. Entity Name CHARLES F. TINDER LLC	0046039		Secret	ary of S	state
Principal Place of Business	Mailing Address				
51 PARK LANE	51 PARK LANE				
DEBARY, FL 32713 US	DEBARY, FL 32713 US				
DO NOT WRITE IN THIS SPACE			01032005No Chg-LLC	CR2E083 (,
DO 1101 111		A Car Sam	4. FEI Number 55-0853791		Applied For Not Applicable
		5. Certificate of Status Desired		00 Additional Required	
6. Name and Address of	Current Registered Agent				
TINDER, CHARLES F 51 PARK LANE DEBARY, FL 32713			DO NOT W	RITE	
		IN THIS SPACE			
The above named entity submits this stathe obligations of registered agent.	tement for the purpose of changing its registe	t ered office or register	ed agent, or both, in the State of Flo	rida. I am familia	er with, and accept
SIGNATURE					

3.	. 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.	·	·

(NOTE: Registered Agent signature required when revisiting)

Filing Fee is \$50.00 Due by May 1, 2005

Signature, typed or primed name of registered agent and title if applicable.

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9. MANAGING MEMBERS/MANAGERS				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TINDER, CHARLES F 51 PARK LANE DEBARY, FL 32713	UCOCO0174825 	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	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			
۱	11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i). Flortda Statutes, I further certify that the information			

consequences of the information suppred with rise iting does not quality 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 eath; 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, OR AUTHORIZED REPRESENTATIVE