

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

	ANNUAL	C	C C C		
1. Entity Narr	MENT # L03000046	515		Secre	tary of State
8036 WALT	e of Business WILLIAMS ROAD FL 33803	Mailing Address 8036 WALT WILLIAMS ROAD LAKELAND, FL 33803			NATIO BUILDI BUILDI BUILDI BUILDI NA 1850
Ε	OO NOT WRITE	IN THIS SPA	CE	02282005 No Chg-LLC C 4. FEI Number 20-0411934 5. Certificate of Status Desired	R2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
LAKELAN	T WILLIAMS ROAD D, FL 33803			DO NOT WRI	CE
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 saids a printed name of registered agent and tible if applicable. (NOTE Registered Agent agent) required when reinstalling to the state of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
Filing Fee is \$50.00 Due by May 1, 2005					
9. HILL NAME SIREET ADDRESS CHY-ST ZIP HILL NAME STREET ADDRESS CHY-ST-ZIP	MANAGING MEMBE MGR NICHOLS, JIMMY W 8036 WALT WILLIAMS ROAD LAKELAND, FL 33803 MGRM NICHOLS, SUSAN 8036 WALT WILLIAMS ROAD LAKELAND, FL 33803	RS/MANAGERS		U00000254 03/07/05-800	985 95-011 50.00
NAME SIRLET ADDRESS CITY ST-ZIP			- - -	DO NOT WRI	
NAME STREET ADDRESS CHY-ST-ZIP THEE			-	IN THIS SPAC	,
NAME STREET ADDRESS CHY ST ZIP TITLE NAME					
SIRELT ADDRESS GITY-ST-ZIP 11. I hereby of indicated limited lial		this filing does not qualify for the exe that my signature shall have the sam empowered to execute this report a	motion stated in Sec e legal effect as if m s required by Chapt	ction 119.07(3)(i), Florida Statutes I furthe ade under oath; that I am a managing me er 608, Florida Statutes.	r certify that the information

Date

Daytime Phone #