


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000047253 1. Entity Name KIRSCH SERVICES, LLC				01132005 No Chg-LLC CR2E083 (10/03)
Principal Place of Business 6625 BUDDY LANE PORT RICHEY, FL 34668				
DO NOT WRITE IN THIS SPACE				
			5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KIRSCH, MILTON A 6624 BUDDY LANE PORT RICHEY, FL 34668			DO NOT WRITE IN THIS SPACE	
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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
Filing Fee is \$50.00 Due by May 1, 2005				
9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRSCH, MILTON A 10019 BURBANK COURT NEW PORT RICEY, FL 34654	DO NOT WRITE IN THIS SPACE		
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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  1-27-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>				