

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90074 001 \*\*\*\*50.00

<b>DOCUMENT # L03000047928</b> 1. Entity Name <b>JERRY A. PIA, LLC.</b>																											
Principal Place of Business <b>2360 BRIGHTVIEW PLACE</b> <b>CANTONMENT, FL 32533</b> <b>US</b>		Mailing Address <b>2360 BRIGHTVIEW PLACE</b> <b>CANTONMENT, FL 32533</b> <b>US</b>																									
2. Principal Place of Business <b>250 Shay Trail</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>250 Shay Trail</b> <small>Suite, Apt. #, etc.</small>																									
City & State <b>Cantonment, Florida</b> Zip <b>32533</b> Country <b>Escambia</b>		City & State <b>Cantonment, Florida</b> Zip <b>32533</b> Country <b>Escambia</b>																									
4. FEI Number <b>179-56-0895</b> <b>SS#</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>PIA, JERRY A</b> <b>2360 BRIGHTVIEW PLACE</b> <b>CANTONMENT, FL 32533</b>		7. Name and Address of New Registered Agent Name <b>Jerry A. Pia</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 Shay Trail</b> City <b>Cantonment</b> <b>FL</b> Zip Code <b>32533</b>																									
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PIA, JERRY A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2360 BRIGHTVIEW PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CANTONMENT, FL 32533</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	PIA, JERRY A		STREET ADDRESS	2360 BRIGHTVIEW PLACE		CITY-ST-ZIP	CANTONMENT, FL 32533		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																											
<b>SIGNATURE:</b>		Date <b>4/10/05</b> (850) <b>393-8193</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date    Daytime Phone #</small>																									