

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90134 001 ***250.00

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03292005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000048047 1. Entity Name FORTYTWO FIFTYSIX, LLC			
Principal Place of Business 1518 STICKNEY POINTE ROAD SARASOTA, FL 34231 US		Mailing Address 1518 STICKNEY POINTE ROAD SARASOTA, FL 34231 US	
2. Principal Place of Business 1526 Stickney Pt Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5339 Suite, Apt. #, etc.	
City & State Sarasota, FL Zip 34231 Country US		City & State Sarasota, FL Zip 34277 Country US	
4. FEI Number 51-0510960		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DECHOW, GERALD A 1518 STICKNEY POINTE ROAD SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name: Dechow, Gerald A Street Address (P.O. Box Number is Not Acceptable): 1526 Stickney Pt. Rd City: Sarasota FL Zip Code: 34231	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECHOW, GERALD A 1518 STICKNEY POINTE ROAD SARASOTA, FL 34241	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1526 Stickney Pt Rd Sarasota, FL 34231	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1526 Stickney Pt Rd Sarasota, FL 34231	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 4/27/05	Daytime Phone #: 941 926-1666