2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

Daytime Phone #

1. Entity Nam	MENT # L030000507	71		Secretary of State	
Principal Plac 2010 MARQI SANFORD, FI		Mailing Address 2010 MARQUETTE AVE SANFORD, FL 32773 US		- - - - 1	
DO NOT WRITE IN THIS SPACE			CE	04182005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Current R FPREY COUETTE AVE 0, FL 32713	egistered Agent		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 Signature for the purpose of changing its 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, 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. SIGNATURE: Signature for the form of figure agent and title if applicable. INOTE Registered Agent agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DATE Filling Fee Is \$50.00 Due by May 1, 2005					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR TOBIN, JEFFREY 2010 MARQUETTE AVE SANFORD, FL 32773	S/MANAGERS	• 	- U00000320665 04/21/05-80048-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
TITLE NAME STREET ADDRESS CITY-SY-ZIP	-			÷	
11. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statules. 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.					

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE