


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051656
 1. Entity Name
 CHRISTIAN FENEX AND ASSOCIATES, LLC



Principal Place of Business P.O. BOX 2533 PALM CITY, FL 34991	Mailing Address P.O. BOX 2533 PALM CITY, FL 34991
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DO NOT WRITE IN THIS SPACE



07142005No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRECHBILL, MARK
 215 S FEDERAL HWY, STE 100
 STUART, FL 34994

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FENEX, CHRISTIAN P.O. BOX 2533 PALM CITY, FL 34991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGORY, NANCY P.O. BOX 2533 PALM CITY, FL 34991
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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)(f), 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:  7/19/05 722 283 2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #