2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 07, 2005 08:00 AM Secretary of State

	ANNUAL REPURI		Mai 07, 2003 08:00
1. Entity Nar	MENT # L03000052744		Secretary of State
Principal Place of Business 1310 COPENHAVER ROAD FORT PIERCE, FL 34945 Mailing Address 1310 COPENHAVER ROAD FORT PIERCE, FL 34945			
DO NOT WRITE IN THIS SPACE. 6. Name and Address of Current Registered Agent			03022005 No Chg-LLC
1310 COF	AVER, JACK L PENHAVER ROAD PRCE, FL 34945		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, lyped or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required whan reinstalling) DATE Filling Fee is \$50.00			
Due by May 1, 2005			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM COPEHAVER, JACK L 1310 COPENHAVER RD. FORT PIERCE, FL 34945		Ligonophranes
TITLE NAME STREET ADDRESS GITY-ST-ZIP			000000253095 03/07/05~80021-008 50.00
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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)(1), 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 eath; 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.			