


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90134 001 \*\*\*250.00

<b>DOCUMENT # L03000053388</b>	
1. Entity Name COMPU BRAND AMERICA, L.L.C.	

Principal Place of Business 1518 STICKNEY POINTE ROAD SARASOTA, FL 34231	Mailing Address 1518 STICKNEY POINTE ROAD SARASOTA, FL 34231
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30005076

2. Principal Place of Business 1526 Stickney Pt Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 5339 Suite, Apt. #, etc.
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03292005 Chg-LLC CR2E083 (10/03)

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 57-1204037	Applied For Not Applicable
Zip 34231	Country USA	Zip 34277	Country USA

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	
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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 \_\_\_\_\_ (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 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dechow, Gerald A. 1526 Stickney Pt Rd Sarasota, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

4/27/05

Date

941-9261666

Daytime Phone #