

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056574

FILED
Apr 13, 2005
Secretary of State

Entity Name: CADLE INSTALLATION LLC

Current Principal Place of Business:

965 CR 477
LAKE PANASOFFKEE, FL 33538 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 393
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 56-2426279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CADLE, TIMOTHY W
965 CR 477
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CADLE, MICHAEL J
Address: 17890 SE 30TH AVENUE
City-St-Zip: SUMMERFEILD, FL 34491

Title: MGR (X) Delete
Name: CADLE, NICHOLAS R
Address: 309 CR 487
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: MGRM () Delete
Name: CADLE, TIMOTHY W
Address: 965 CR 477
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMOTHY W CADLE

MGRM

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date