## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000057131

Entity Name: GOEBELS CYRIAQUE ENTERPRISES, LLC

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

632 ROSECLIFF CIRCLE 172 VAN BUREN AVE

SANFORD, FL 32773 US LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

P.O.BOX 550029

ORLANDO, FL 32855 US

FEI Number: 20-0577728 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CYRIAQUE, GOEBELS J
632 ROSECLIFF CIRCLE
5ANFORD, FL 32773 US

CYRIAQUE, GOEBELS J
172 VAN BUREN AVE
LAKE MARY, FL 32746 US

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: 01/05/2005

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

....

 Title:
 MGR () Delete

 Name:
 CYRIAQUE, GOEBELS J

 Address:
 632 ROSECLIFF CIRCLE

 City-St-Zip:
 SANFORD, FL 32773 US

Title: MGRM ( ) Delete
Name: CYRIAQUE, JUNA CAPY
Address: 632 ROSECLIFF CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM () Delete
Name: MORISSET, WILENSKY
Address: 2638 BREEZWIND DR.

Address: 2638 BREEZWIND DR.
City-St-Zip: ORLANDO, FL 32839

Title: ( ) Delete

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

Name: CYRIAQUE, GOEBELS J Address: 172 VAN BUREN AVE City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

Name: CYRIAQUE, JUNA CAPY
Address: 172 VAN BUREN AVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

Title: MGRM ( ) Change (X) Addition

Name: CYRIAQUE, KERWIN J Address: 172 VAN BUREN AVE City-St-Zip: LAKE MARY, FL 32746

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: GOEBELS J. CYRIAQUE MGR 01/05/2005