
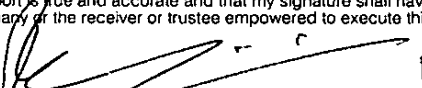


**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

14016957

<b>DOCUMENT # L03000057400</b>						<b>Secretary of State</b> 05-09-2005 90048 044 ***150.00	
1. Entity Name <b>BRENDAN GILLESPIE ENTERPRISES, LLC</b>							
Principal Place of Business 12057 ELDRON ST SPRING HILL, FL 34608				Mailing Address 12057 ELDRON ST SPRING HILL, FL 34608			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>GILLESPIE, BRENDAN 12057 ELDRON ST SPRING HILL, FL 34608</b>				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> Zip Code			
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 _____							
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENDAN, GILLESPIE J 12057 ELDRON STREET SPRING HILL, FL 34608 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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)(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: 				Brendan Gillespie 5/1/05 352-650-7741			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			