


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90105 049 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000000628	
<b>1. Entity Name</b> BUDGET STUCCO, LLC	

<b>Principal Place of Business</b> 1611 WEST PLATT STREET TAMPA, FL 33606	<b>Mailing Address</b> 1611 WEST PLATT STREET TAMPA, FL 33606
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20045602



<b>2. Principal Place of Business</b> 502 N. ARMENIA AVE.	<b>3. Mailing Address</b> 502 N. ARMENIA AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

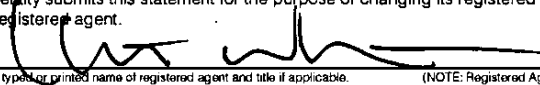
04192005 Chg-LLC CR2E083 (10/03)

<b>City &amp; State</b> TAMPA, FL	<b>City &amp; State</b> TAMPA, FL
<b>Zip</b> 33609	<b>Country</b> USA
<b>Zip</b> 33609	<b>Country</b>

<b>4. FEI Number</b> 20-0542905	<b>Applied For</b> Not Applicable
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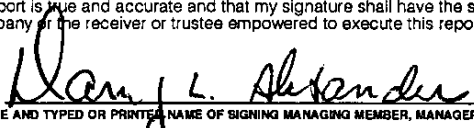
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606	<b>7. Name and Address of New Registered Agent</b> Name: KEITH W. KOEHLER Street Address: Koehler & Company, P.A. City: 502 North Armenia Avenue Tampa, FL 33609
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<b>8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.</b> SIGNATURE: 	<b>DATE</b> 4/20/05
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANDER, DANNY L 8504 WOODALL COURT TAMPA, FL 33615 <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
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
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

<b>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.</b>	
<b>SIGNATURE:</b> 	<b>DATE</b> 4-21-05 <b>DAYTIME PHONE #</b> 813-924-3318