## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # L0400000645  1. Entity Name JOSEWHO L.L.C.								04-20-2005 90036 006 ****50.00				
Principal Place of Business Mailing Address								┥				
16 CORAL REEF CT. N. PALM COAST, FL 32137				16 CORAL REEF CT. N. PALM COAST, FL 32137								
2. Principal Place of Business				3. Mailing Address				_				
Suite, Apt. #, etc.				Suite, A	Apt. #, etc.			02222005	Chg-LLC	CR2E083	3 (10/03)	
City & State				City &	State			4. FEI Numbe	0575463			plied For t Applicable
Zip	Country			Zip Coun			try	5. Certificate of Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent								7. Name and	Address of New R	egistered Ag	ent	
							Name					
ROMEU JOSE A  16 CORAL REEF CT. N. PALM COAST, FL 32137						_	Street Address (P.O. Box Number is Not Acceptable)					
T ALIM OUADI, TE OETO				·			City				Zip Code	<del></del>
										FL_		
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  Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
	Signatura, typed	d or printed name d	registered agent	and title if applica	ble. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005										e check pay Departmer		·.
9.		• MANA	SING MEMBE	RS/MANAG	ERS	10.		···	ADDITIONS/	CHANGES		
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	PALIVICO	JASI, FL 3	213/								¬ a	<b>C3</b> 1 2 2 2 2 2
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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.												

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE