


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90380 032 ****50.00

DOCUMENT # L04000002041	
1. Entity Name - EARTHGRAPHICS, LLC	

Principal Place of Business 16250 CAPTIVA DRIVE CAPTIVA ISLAND, FL 33924		Mailing Address P.O. BOX 1744 SANIBEL ISLAND, FL 33957	
2400 BLUE CRAB COURT			
2. Principal Place of Business SANIBEL, FL 33957		3. Mailing Address P.O. BOX 1744 SANIBEL FL 33957	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20022069



01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-0303577** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent LANDRY, SAMUEL J 16250 CAPTIVA DRIVE CAPTIVA ISLAND, FL 33924		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2400 BLUE CRAB COURT City SANIBEL FL Zip Code 33957	
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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 *Samuel J. Landry* **03-01-05**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005.**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAMUEL J. LANDRY 2400 BLUE CRAB COURT SANIBEL, FL 33957
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
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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:

Samuel J. Landry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #