

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002879

**FILED**  
**Jan 14, 2005**  
**Secretary of State**

**Entity Name:** WALTER WOLENSKI A/C LLC

**Current Principal Place of Business:**

122 DURLAND AVE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

1516 CRESTWOOD CIR. W  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

P.O. BOX 1299  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

FEI Number: 76-0763628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLENSKI, WALTER  
122 DURLAND AVE  
LEHIGH ACRES, FL 33936 US

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

WOLENSKI, WALTER  
1516 CRESTWOOD CIR. W  
LEHIGH ACRES, FL 33936 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: WALTER WOLENSKI

01/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: WOLENSKI, WALTER  
Address: 1516 CRESTWOOD CIR.W  
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: WALTER WOLENSKI

MGR

01/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date