2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003780

1. Entity Name
9034-19, L.L.C.

Principal Place of Business	Mailing Address
4314 HARBOR WATCH LANE LUTZ, FL 33558	4314 HARBOR WATCH LANE LUTZ, FL 33558

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

02142005   Chg-LLC   CR2E083 (10/03)

4. FEI Number *Applied For*
   Applied For
   Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLIMIS, GEORGE N 27 EAST ORANGE STREET TARPON SPRINGS, FL 34689	Name: DANIEL F. JOHNSON CPA Street Address (P.O. Box Number is Not Acceptable): TWIN LAKES PLAZA 31940 U.S. 19 N. PALM HARBOR, FL City: 34684 FL 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 _____   DATE 2/14/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIFANTE, DOMENIC		NAME		
STREET ADDRESS	4314 HARBOR WATCH LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____   2/18/05   813-240-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #