## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT #1.04000004627

## **FILED** Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90428 026 \*\*\*\*50.00

1. Entity Nam PATRIOT	ne .	ING, LLC	,			)	01012000			
Principal Place of Business 4821 U.S. HWY. 19, SUITE 3			Mailing Address 4821 U.S. HWY. 19, SUITE 3				2002010	•		
NEW PORT R	ICHEY, FL 3	34652	NEW PORT RICHEY, FL	34652			): 40)): 0 5 : 00   00   00	HILIN HSIJIL A	I	( <b>1888</b> ) (1) ( <b>18</b> 0)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02082005	Chg-LLC	CR2E	083 (10/03	·
City & State			City & State			4. FEI Numb	068 4515			Applied For Not Applicable
Zip	Zip Country .		Zip Country			of Status Desired		\$5.00 A Fee Requi		
	-	e and Address of Current F	Registered Agent		Name	7. Name and	d Address of New Re	gistered	Agent	
KALOGIANIS, CONSTANTINE 4821 U.S. HWY 19, SUITE 3 NEW PORT RICHEY, FL 34652					Street Address	(P.O. Box Numb	er is Not Acceptable)	) 		
		•			City			FL	Zip Co	ode
	named entit tions of regis		the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flor	ida. I am	familiar wit	h, and accept
SIGNATURE	Signature, typed	d or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature requir	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005						Make check payable to Florida Department of State				
F	iling Fee ue by Ma	is \$50.00				٠				
9.	ue by Ma	is \$50.00		10.				Departm	ent of St	at <del>e</del>
D	MGRM KALOGIA 4752 CRE	is \$50.00 y 1, 2005	RS/MANAGERS	TITL NAM STRE	<b>I</b>	-	Florida	Departm	ent of St	at <del>e</del>
9. TITLE NAME STREET ADDRESS	MGRM KALOGIA 4752 CRI NEW POI MGRM FERRAN	MANAGING MEMBER  ANIS, CONSTANTINE ESTKNOLL LANE		TITU NAM STRE CITY TITU NAM	EET ADDRESS -ST-ZIP	-	Florida	Departm	ent of St	e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM KALOGIA 4752 CRI NEW POI MGRM FERRANI 4200 MC	MANAGING MEMBER  MANAGING MEMBER  ANIS, CONSTANTINE ESTKNOLL LANE RT RICHEY, FL 34653  DINO, JOSEPH P	□ Delete	TITU NAM STRE CITY TITU NAM STRE	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	-	Florida	Departm	Change	e Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MGRM KALOGIA 4752 CRI NEW POI MGRM FERRANI 4200 MC	MANAGING MEMBER MANAGING MEMBER MANIS, CONSTANTINE ESTKNOLL LANE RT RICHEY, FL 34653  DINO, JOSEPH P CLUNG DRIVE	□ Delete · □ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E		Florida	Departm	Change	e Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MGRM KALOGIA 4752 CRI NEW POI MGRM FERRANI 4200 MC	MANAGING MEMBER MANAGING MEMBER MANIS, CONSTANTINE ESTKNOLL LANE RT RICHEY, FL 34653  DINO, JOSEPH P CLUNG DRIVE	□ Delete · □ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E EIGH EET ADDRESS -ST-ZIP E EIGH EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E		Florida	Departm	Change	e Addition  e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM KALOGIA 4752 CRI NEW POI MGRM FERRANI 4200 MC	MANAGING MEMBER MANAGING MEMBER MANIS, CONSTANTINE ESTKNOLL LANE RT RICHEY, FL 34653  DINO, JOSEPH P CLUNG DRIVE	☐ Delete ☐ Delete ☐ Delete	TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP  E HE EET ADDRESS		Florida	Departm	Change	e Addition  e Addition  e 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE