

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90099 010 \*\*\*\*50.00

20045342



04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0619613** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DELUZIO, DONALD A  
4337 DARDANELLE DRIVE  
ORLANDO, FL 32808

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **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

Signature, typed or printed name of registered agent and title 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

TITLE MGR ☐ Delete  
NAME DELUZIO, DONALD A  
STREET ADDRESS 4337 DARDANELLE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE MGRM ☐ Delete  
NAME WILLIAMS, MARSHALL D  
STREET ADDRESS 4337 DARDANELLE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE MGRM ☐ Delete  
NAME VAN DYKE, DAVID  
STREET ADDRESS 4337 DARDANELLE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE MGRM ☐ Delete  
NAME BROUSSARD, PATRICIA  
STREET ADDRESS 4337 DARDANELLE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Donald A. Deluzio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/05 407-781-2200