

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005156

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: ULBRICHT & HERMAN LLC

**Current Principal Place of Business:**

23404 W. LYONS AVE.  
#223  
NEWHALL, CA 91321

**New Principal Place of Business:**

5761 SE 23RD LN  
OCALA, FL 34471

**Current Mailing Address:**

23404 W. LYONS AVE.  
#223  
NEWHALL, CA 91321

**New Mailing Address:**

5761 SE 23RD LN  
OCALA, FL 34471

FEI Number: 20-0633491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRESIDENTIAL SERVICES INCORPORATED  
1217 CAPE CORAL PKWY.  
CAPE CORAL, FL 33904 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WESSELL, KEVIN  
Address: 23404 W. LYONS AVE. #223  
City-St-Zip: NEWHALL, CA 91321

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ULBRICHT, CHRISTOPHER R  
Address: 5761 SE 23RD LN  
City-St-Zip: OCALA, FL 34471 US

Title: MGR ( ) Change (X) Addition  
Name: HERMAN, JEFFERY  
Address: 14 DEEP WOODS WAY  
City-St-Zip: ORMOND BEACH, FL 32174 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: CHRISTOPHER R. ULBRICHT

MGR

04/30/2005

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