

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006123

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** JONATHAN FINN SERVICES, LLC

**Current Principal Place of Business:**

776 NIGHT OWL LANE  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

20 E. 1ST STREET  
CHULUOTA, FL 32766 US

**Current Mailing Address:**

776 NIGHT OWL LANE  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

20 E. 1ST STREET  
CHULUOTA, FL 32766 US

**FEI Number:** 26-8789076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINN, JONATHAN  
776 NIGHT OWL LANE  
WINTER SPRINGS, FL 32708 US

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

FINN, JONATHAN  
20 E. 1ST STREET  
CHULUOTA, FL 32766 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:

04/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FINN, JONATHAN  
Address: 776 NIGHT OWL LANE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FINN, JONATHAN  
Address: 20 E. 1ST STREET  
City-St-Zip: CHULUOTA, FL 32766 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: JONATHAN J. FINN

MGRM

04/28/2005

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