2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# L04000006963

Entity Name: SERHIY KYRYLOVETS, LLC

Current Principal Place of Business:

4541 ABERNANT AVE.
NORTH PORT, FL 34287

New Principal Place of Business:

5917 NEON AVE
NORTH PORT, FL 34286 US

Current Mailing Address:

4541 ABERNANT AVE.
NORTH PORT, FL 34287

New Mailing Address:

5917 NEON AVE
NORTH PORT, FL 34286 US

FEI Number: 61-0419150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYRYLOVETS, SERHIY P.
4541 ABERNANT AVE.
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

KYRYLOVETS, SERHIY P.
5917 NEON AVE
NORTH PORT, FL 34286 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: SERHIY P KYRYLOVETS 01/19/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: KYRYLOVETS, SERHIY P.
Address: 4541 ABERNANT AVE.
City-St-Zip: NORTH PORT, FL 34287

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KYRYLOVETS, SERHIY P.
Address: 5917 NEON AVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR ( ) Change (X) Addition
Name: DETS, OLEG
Address: 5917 NEON AVE
City-St-Zip: NORTH PORT, FL 34286 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: SERHIY P KYRYLOVETS MGR 01/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date