

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90032 026 ****50.00

DOCUMENT # L04000007316 1. Entity Name MOTTLEY ENTERPRISES, LLC			
Principal Place of Business 6238 CLYDE BANK CIRCLE SARASOTA, FL 34241 US		Mailing Address 6238 CLYDE BANK CIRCLE SARASOTA, FL 34241 US	
2. Principal Place of Business 1023/1 mason St. Suite, Apt. #, etc. Suite 1 City & State Brandon, FL Zip 33511 Country US		3. Mailing Address 1023/1 mason St. Suite, Apt. #, etc. Suite 1 City & State Brandon, FL Zip 33511 Country US	
4. FEI Number 20-1249000		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04192005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MOTTLEY, PETER 6238 CLYDE BANK CIR SARASOTA, FL 34241		7. Name and Address of New Registered Agent Name Mottley, Peter Street Address (P.O. Box Number is Not Acceptable) 1023/1 mason St. Suite 1 City Brandon FL Zip Code 33511	
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 (NOTE: Registered Agent signature required when reinstating) DATE April 26th 2005			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOTTLEY, PETER 2 MEDWAY CLOSE MARKET HARB., LEICESTERSHIRE, UK LE16 8BU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1023/1 mason St. Suite 1 Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOTTLEY, PAULINE 2 MEDWAY CLOSE MARKET HARB., LEICESTERSHIRE, UK LE16 8BU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1023/1 mason St. Suite 1 Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 4/26/05 Daytime Phone # 813 657 6925	
PRESIDENT			