


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90052 046 ****50.00

DOCUMENT # L04000007405		
1. Entity Name RUHL ENTERPRISES LLC		

Principal Place of Business 674 MOUNING DOVE DR. SARASOTA FL 34236	<i>address Changed</i>	Mailing Address 674 MOUNING DOVE DR. SARASOTA FL 34236
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2. Principal Place of Business 3227 Beneva Rd		3. Mailing Address 3227 Beneva Rd	
Suite, Apt. #, etc. Apt 204		Suite, Apt. #, etc. Apt 204	
City & State SARASOTA FL		City & State SARASOTA FLA	
Zip 34232	Country U.S.A	Zip 34232	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RUHL FLORENCE 674 MOUNING DOVE DR. SARASOTA FL 34236		7. Name and Address of New Registered Agent	
<i>Address change ONLY</i>		Name	
		Street Address (P.O. Box Number is Not Acceptable) 3227 Beneva Rd	
		Apt 204	
		City SARASOTA	FL

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 *Florence Ruhl* (NOTE: Registered Agent signature required when reinstating) DATE *04-24-05*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUHL, FLORENCE 674 MOUNING DOVE DR. SARASOTA FL 34236 <i>Address change ONLY</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUHL, Florence 3227 Beneva Rd Apt 204 SARASOTA FL 34232 <input checked="" 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
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: *Florence Ruhl* *Florence Ruhl* *04-24-05* *941-720-8840*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #