

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010175

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: ASTRID P HARTLEB & ASSOC LLC

**Current Principal Place of Business:**

5820 WHITING CT  
FORT MYERS, FL 33919

**New Principal Place of Business:**

1211 MIRAMAR ST  
4  
CAPE CORAL, FL 33904

**Current Mailing Address:**

5820 WHITING CT  
FORT MYERS, FL 33919

**New Mailing Address:**

PO BOX 100689  
CAPE CORAL, FL 33910

FEI Number: 20-0693052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARTLEB, ASTRID P  
5820 WHITING CT  
FORT MYERS, FL 33919 US

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

HARTLEB, ASTRID P  
5611 GOETZ DRIVE  
FORT MYERS, FL 33919 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: ASTRID P HARTLEB

01/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HARTLEB, ASTRID P  
Address: 5820 WHITING CT  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HARTLEB, ASTRID P  
Address: 5611 GOETZ DR  
City-St-Zip: FORT MYERS, FL 33919

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: ASTRID PETRA HARTLEB

PRES

01/19/2005

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