

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 023 ****50.00



DOCUMENT # L04000011211
 1. Entity Name
ROBERT J. PETTIJOHN, LLC

Principal Place of Business Mailing Address
1510 PIERMAJ LANE **1510 PIERMAJ LANE**
LUTZ, FL 33549 US **LUTZ, FL 33549 US**

2. Principal Place of Business 3. Mailing Address
N/A *N/A*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07112005 Chg-LLC CR2E083 (10/03)



6. Name and Address of Current Registered Agent
PETTIJOHN, ROBERT J
1510 PIERMAJ LANE
LUTZ, FL 33549

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PETTIJOHN, ROBERT J 1510 PIERMAJ LANE LUTZ, FL 33549 | <input type="checkbox"/> Delete |
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10. ADDITIONS / CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Robert J. Pettijohn* **ROBERT J. PETTIJOHN** **20 July 05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #