

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90096 012 ****50.00

DOCUMENT # L04000012668					
1. Entity Name BOTTOM LINE ENTERPRISES LLC					
Principal Place of Business 11171-A SPRING HILL DRIVE SPRING HILL, FL 34609 US			Mailing Address 11171-A SPRING HILL DRIVE SPRING HILL, FL 34609 US		
2. Principal Place of Business 12468 SPRING HILL DR Suite, Apt. #, etc.		3. Mailing Address 12468 SPRING HILL DR Suite, Apt. #, etc.			
City & State SPRING HILL FL		City & State SPRING HILL FL		4. FEI Number 830386455	
Zip 34609		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEELER, MICHAEL J 11171-A SPRING HILL DRIVE SPRING HILL, FL 34609				7. Name and Address of New Registered Agent Name: MICHAEL J. WHEELER Street Address (P.O. Box Number is Not Acceptable): 12468 SPRING HILL DR City: SPRING HILL FL Zip Code: 34609	
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: <u>Michael J. Wheeler</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/20/2005</u>					
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 WHEELER, MICHAEL J 16365 SEMINOLE BLVD. BROOKSVILLE, FL 34601 <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	MGRM MILLER, JAMES L 1622 COLUMBIA ARMS CIRCLE, #167 KISSIMMEE, FL 34741 <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
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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: <u>Michael J. Wheeler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>4/20/2005</u> 352 684 1155 <small>Daytime Phone #</small>	

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