

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016475

Entity Name: S.R.E. FRANCHISING SYSTEMS, L.L.C.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

44 SANDPIPER ROAD
TAMPA, FL 33706

New Principal Place of Business:

44 SANDPIPER ROAD
TAMPA, FL 33609

Current Mailing Address:

44 SANDPIPER ROAD
TAMPA, FL 33706

New Mailing Address:

44 SANDPIPER ROAD
TAMPA, FL 33609

FEI Number: 20-0869779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLDE, BART
44 SANDPIPER ROAD
TAMPA, FL 33706 US

Name and Address of New Registered Agent:

NOLDE, BART
44 SANDPIPER ROAD
TAMPA, FL 33609 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:

01/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: NOLDE, BART
Address: 44 SANDPIPER ROAD
City-St-Zip: TAMPA, FL 33609 US

Title: MGR () Change (X) Addition
Name: DRESDEN, GARY
Address: 2106 DREW STREET # 103
City-St-Zip: CLEARWATER, FL 33765 US

Title: MGR () Change (X) Addition
Name: CULPEPPER, BRAD
Address: 136 W. DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

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: BART NOLDE

MGR

01/05/2005

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