


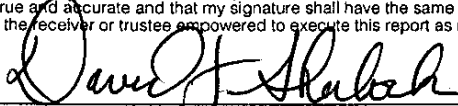
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90023 024 \*\*\*\*50.00

<b>DOCUMENT # L04000017037</b>					
<b>1. Entity Name</b> JOLANDA ENTERPRISES 2, LLC					
<b>Principal Place of Business</b> 841 JOLANDA CIRCLE VENICE, FL 34285 US			<b>Mailing Address</b> 841 JOLANDA CIRCLE VENICE, FL 34285 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 10851 66TH ST. NORTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State STILLWATER, MN.		<b>4. FEI Number</b> 20-0813581	
Zip		Country		Applied For Not Applicable	
Zip 55082		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHERLOCK, RICHARD 841 JOLANDA CIRCLE VENICE, FL 34285			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM	<b>NAME</b> SHERLOCK, RICHARD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> MGR	<b>NAME</b> DAVID J. SHERLOCK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 841 JOLANDA CIRCLE	<b>STREET ADDRESS</b> 10850 66TH STREET NORTH				
<b>CITY-ST-ZIP</b> VENICE, FL 34285	<b>CITY-ST-ZIP</b> STILLWATER MN. 55082				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 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:** 

4/2/05 612 626-8758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #