

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-09-2005 90151 010 ****50.00

DOCUMENT # L04000019127					
1. Entity Name MOTHER AND DAUGHTER LLC					
Principal Place of Business 12795 79TH COURT N. ROYAL PALM BEACH FL 33412			Mailing Address 12795 79TH COURT N. ROYAL PALM BEACH FL 33412		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3797818	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGIC, CHERYL L 12795 79TH COURT N. ROYAL PALM BEACH FL 33412			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 <u>CHERYL L. GEORGIC</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>Cheryl L. Georgic</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		DATE <u>2-4-05</u>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ NAME <u>CEO</u> STREET ADDRESS <u>ESTELLE F. BACKUS</u> CITY-ST-ZIP <u>12795 79th Ct. N.</u> <u>ROYAL PALM Bch, FL 33412</u>	<input type="checkbox"/> Delete		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: <u>Estelle F. Backus</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>ESTELLE F. BACKUS</u> <u>3-8-05</u> <u>861-790-2576</u> <small>Date Daytime Phone #</small>		