

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022251

Entity Name: LI BUSINESS LLC

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

6621 LAKESHORE LN
915
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6621 LAKESHORE LN
915
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-0945878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

QUAGLIARIELLO, LINO
6621 LAKESHORE LN
915
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

REIS, ELMA
6621 LAKESHORE LN
915
FORT MYERS, FL 33912 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: ELMA REIS

05/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: QUAGLIARIELLO, LINO
Address: 6621 LAKESHORE LN 915
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM (X) Delete
Name: REIS, ELMA
Address: 6621 LAKESHORE LN 915
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REIS, ELMA
Address: 6621 LAKESHORE LN 915
City-St-Zip: FORT MYERS, FL 33912 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELMA REIS

MGR

05/04/2005

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