


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-06-2005 90023 028 ****50.00

DOCUMENT # L04000022795					
1. Entity Name JOE GILES L.L.C.					
Principal Place of Business 10845 OLD TAMPA RD. PARRISH, FL 34219			Mailing Address 10845 OLD TAMPA RD. PARRISH, FL 34219		
2. Principal Place of Business 2510 S Ct E. Suite, Apt. #, etc.		3. Mailing Address 2510 S Ct E. Suite, Apt. #, etc.			
City & State Ellenton Fla.		City & State Ellenton Fla.		4. FEI Number	
Zip 34222		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/> \$5.00 Additional Fee Required		04012005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent GILES, JOE W JR 10845 OLD TAMPA RD. PARRISH, FL 34219			7. Name and Address of New Registered Agent Name: Joe W. Giles Jr. Street Address (P.O. Box Number is Not Acceptable): 2510 S Ct E. City: Ellenton FL Zip Code: 34222		
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: <i>Joe W. Giles Jr.</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
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	MGR GILES, JOE W JR 10845 OLD TAMPA RD. PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Joe W. Giles Jr 2510 S Ct E Ellenton, Fla. 34222	<input checked="" 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
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
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: <i>Joe W. Giles Jr.</i> Joe W. Giles Jr			4-1-05		941-729-3043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #