

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

05-09-2005 90051 011 ****50.00

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DOCUMENT # L04000023130 1. Entity Name FAIR DEAL SOLUTIONS, LLC					
Principal Place of Business 773 S. KIRKMAN ROAD SUITE 118 ORLANDO, FL 32811 US			Mailing Address P O BOX 950421 LAKE MARY, FL 32795 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMALL BUSINESS RESOURCES, INC. 773 S. KIRKMAN ROAD SUITE 118 ORLANDO, FL 32811			Name SMALL BUSINESS RESOURCES USA, INC. Street Address (P.O. Box Number is Not Acceptable) 773 S. KIRKMAN RD SUITE 118 City ORLANDO FL Zip Code 32811		
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><i>James K. Durre</i></u> JAMES K. DURRE, CPA <u>5/1/05</u> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	mbr DAVID F. DOSTAL <input type="checkbox"/> Delete PO BOX 950421 LAKE MARY, FL 32795		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	
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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><i>James K. Durre</i></u> DAVID F. DOSTAL <u><i>James K. Durre</i></u> JAMES K. DURRE <u>5/1/05</u> 407-228-4696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					