2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2005
Secretary of State

DOCUMENT# L04000026809

Entity Name: CECIL SCOTT STEVENS LLC

Current Principal Place of Business:

509 TWEED AVE
SEFFNER, FL 33584 US

New Principal Place of Business:

2408 E 148TH AVE
LUTZ, FL 33549 US

Current Mailing Address:

509 TWEED AVE
SEFFNER, FL 33584 US

New Mailing Address:

P.O. BOX 2248
LUTZ, FL 33549 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

STEVENS, CECIL S
509 TWEED AVE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

STEVENS, CECIL S
2408 E 148TH AVE
LUTZ, FL 33549 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: CECIL STEVENS 08/03/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STEVENS, CECIL S
Address: 509 TWEED AVE
City-St-Zip: SEFFNER, FL 33584 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STEVENS, CECIL S
Address: 2410 E 148TH AVE
City-St-Zip: LUTZ, FL 33549 US

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: CECIL STEVENS MGR 08/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date