



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90041 028 \*\*\*\*50.00

DOCUMENT # L04000028128					
1. Entity Name 71920 WILLIAMS ROAD, LLC					
Principal Place of Business 6913 HARNEY ROAD TAMPA FL 33617			Mailing Address 6913 HARNEY ROAD TAMPA FL 33617		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SULLIVAN, STEPHEN C 11603 LIPSEY ROAD TAMPA FL 33618				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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President		TITLE		
NAME	Dennis Carney		NAME		
STREET ADDRESS	6913 Harney Road		STREET ADDRESS		
CITY- ST- ZIP	Tampa-FL-33617		CITY- ST- ZIP		
TITLE	Vice-president		TITLE		
NAME	Sean Carney		NAME		
STREET ADDRESS	6913 Harney Road		STREET ADDRESS		
CITY- ST- ZIP	Tampa-FL-33617		CITY- ST- ZIP		
TITLE	Treasurer		TITLE		
NAME	Dan Carney		NAME		
STREET ADDRESS	6913 Harney Road		STREET ADDRESS		
CITY- ST- ZIP	Tampa-FL-33617		CITY- ST- ZIP		
TITLE	Secretary		TITLE		
NAME	Dan Martucci		NAME		
STREET ADDRESS	6913 Harney Road		STREET ADDRESS		
CITY- ST- ZIP	Tampa-FL-33617		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
<input type="checkbox"/> Delete			<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: 				Date: 3/3/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					