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

SIGNATURE:

## Jan 26, 2005 8:00 am **Secretary of State** DOCUMENT # L04000028910 1. Entity Name 01-26-2005 90061 024 \*\*\*\*50.00 ィルSSO ASSOCIATES, LLC Principal Place of Business Mailing Address 7931 BRIDGESTONE DRIVE 7931 BRIDGESTONE DRIVE 20004172 ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State # 20-0883760 Not Applicable ι Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSO, PAUL M Street Address (P.O. Box Number is Not Acceptable) 7931 BRIDGESTONE DRIVE ORLANDO FL 32835 City 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 (NOTE Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State 13. Due By May 1, 2005 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE ☐ Change Addition TITLE ☐ Delete RUSSO, PAUL M NAME NAME STREET ADDRESS 7931 BRIDGESTONE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835-☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE Change ■ Addition TATLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Delete THILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED