
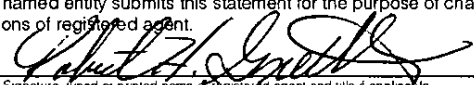


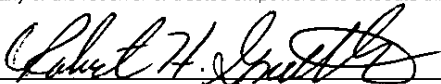
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90294 007 ****50.00

DOCUMENT # L04000028951					
1. Entity Name ROBERT GUETTLER SOD, L.L.C.					
Principal Place of Business 2457 JERNIGAN ROAD FORT PIERCE FL 34945			Mailing Address 2457 JERNIGAN ROAD FORT PIERCE FL 34945		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 90-0161542	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GUETTLER, ROBERT 2457 JERNIGAN ROAD FORT PIERCE FL 34945				7. Name and Address of New Registered Agent	
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 				DATE 3/24/05	
(NOTE: Registered Agent signature required when reinstating)					
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2005</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUETTLER, ROBERT 2457 JERNIGAN ROAD FORT PIERCE FL 34945	<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
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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:  **3/24/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #