2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029736



FILED Apr 29, 2005 8:00 am Secretary of State

LAFORTI	É AND ASSOCIATES, LLC					04-29-2005 9	90038 046	5 ****5().00
Principal Place of Business 10216 IDLE PINE LANE		Mailing Address	=						
	INGS, FL 34135	BONITA SPRINGS, FL 3			1 PARATA 1011				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262005	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State			4. FEI Numbe 30 - 0	242073			plied For t Applicable
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired		5.00 Add se Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
LACORTE	MICHAEL LIP			Name		•			
LAFORTE, MICHAEL J JR 10216 IDLE PINE LANE BONITA SPRINGS, FL 34135				Street Address	ss (P.O. Box Number is Not Acceptable)				
ii				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.									
	iiona or registered agent.								
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable. (NOTE	E: Registere	d Agent signature require	red when reinstating)		DATE		[
SIGNATURE		and title of applicable. (NCT)	E: Registere	d Agent signature require	red when reinstating)		DATE		
Fi		is and title if applicable. (NOTE	E: Registere	d Agent signature require	red when reinstating)		DATE check pay Departmen		
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F	Sgnature, typed or printed name of registered ager illing Fee is \$50.00 ue by May 1, 2005		•		red when remetating)	Florida	check pay Departmen	nt of State	Addition
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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 SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APRIL 26,2005