


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90201 038 ****50.00

DOCUMENT # L04000030521 1. Entity Name PROTOTYPE PLUS, LLC					
Principal Place of Business 7 VINE STREET MARION, MA 02738			Mailing Address 7 VINE STREET MARION, MA 02738		
2. Principal Place of Business <i>285 Sawyer Dr</i>		3. Mailing Address <i>285 Sawyer Dr</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Cudjoe Key FL</i>		City & State <i>Cudjoe Key FL</i>		4. FEI Number <i>266-34-0627</i>	
Zip <i>33042</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name <i>Gerald J Ficks Jr</i> Street Address (P.O. Box Number is Not Acceptable) <i>285 Sawyer Dr</i> City <i>Cudjoe Key</i> FL Zip Code <i>33042</i>		
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 <i>Gerald J Ficks Jr</i> 3/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FICKS, GERALD J JR 7 VINE STREET MARION, MA 02738		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MC 201 Ficks, Gerald J. Jr. 285 Sawyer Dr Cudjoe Key FL 33042</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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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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: <i>Gerald J Ficks Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	