


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90031 038 ****50.00

DOCUMENT # L04000030723 1. Entity Name WARDA, L. C.	
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Principal Place of Business 1725 CLW/LARGO RD SO CLEARWATER FL 33756 US	Mailing Address POST OFFICE BOX 8 CLEARWATER FL 33757 US
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2. Principal Place of Business 28 WEST PARK AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 04212005 Chg-LLC CR2E083 (10/03)
City & State LAKE WALES, FL	City & State	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33853	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WARDA, A 1725 CLW/LARGO RD. SO. CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28 WEST PARK AVE. City LAKE WALES FL Zip Code 33853
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARDA, A 1725 CLW/LARGO RD. SO. CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARDA, M 28 WEST PARK AVE. LAKE WALES, FL 33853
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" 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: Warda 4/26/05 727-581-8685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #