

# 005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90099 014 \*\*\*\*55.00

<b>DOCUMENT # L04000031233</b>					
<b>1. Entity Name</b> TRELAUNEY ENTERPRISES, LLC					
<b>Principal Place of Business</b> 8881 SW2 9TH CT PEMBROKE PINES, FL 33025			<b>Mailing Address</b> 8881 SW2 9TH CT PEMBROKE PINES, FL 33025		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 830397551	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BENJAMIN, ALEXANDER 8881 SW2 9TH CT PEMBROKE PINES, FL 33025			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENJAMIN, ALEXANDER 8881 SW2 9TH CT PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENJAMIN, SYMONIA 8881 SW2 9TH CT PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENJAMIN, SYMONIA 8881 SW2 9TH CT PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENJAMIN, SYMONIA 8881 SW2 9TH CT PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <u>7/2/05</u> Daytime Phone # _____					