

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033360

Entity Name: 1120 E MAIN, LLC

FILED  
Jan 07, 2005  
Secretary of State

## Current Principal Place of Business:

5300 SOUTH FLORIDA AVE.  
SUITE E-2  
LAKELAND, FL 33813

## Current Mailing Address:

P.O. BOX 5378  
LAKELAND, FL 338075378

## New Principal Place of Business:

225 EAST LEMON STREET  
SUITE 351  
LAKELAND, FL 33801

## New Mailing Address:

P.O. BOX 2808  
LAKELAND, FL 33806

FEI Number: 20-1286295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WENDEL, JOHN F  
5300 SOUTH FLORIDA AVE.  
SUITE E-2  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

WENDEL, JOHN F  
225 EAST LEMON STREET  
351  
LAKELAND, FL 33801 US

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.

SIGNATURE:

01/07/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: WENDEL, JOHN F  
Address: P.O. BOX 5378  
City-St-Zip: LAKELAND, FL 33807

Title: MGRM ( ) Delete  
Name: WENDEL, STEPHEN F  
Address: P.O. BOX 5378  
City-St-Zip: LAKELAND, FL 33807

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: /S/ JOHN F. WENDEL

MGRM

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date