2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
04-29-2005 90033 038 ****50.00

DOCUMENT # L04000034160

1. Entity Name
SLIPS, LLC

Principal Place of Business	Mailing Address
3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714	3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714

3000/501

01122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc. 9741 International Court N. St. Petersburg, FL 33716	Suite, Apt. # etc. 9741 International Court N. St. Petersburg, FL 33716

4. FEI Number 20-1095217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRIDGEN, GRADY C 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714	Name Street Address (P.O. Box Number is Not Acceptable) 9741 International Court N. City St. Petersburg, FL 33716 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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOC, LLC 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9741 International Court N. St. Petersburg, FL 33716	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________________ 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #