

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-13-2005 90220 027 ****50.00

DOCUMENT # L04000035712 1. Entity Name MICHAEL J. WIDICK, L.C.					
Principal Place of Business 3685 BUTTONWOOD WAY, #1524 NAPLES, FL 34112			Mailing Address 3685 BUTTONWOOD WAY, #1524 NAPLES, FL 34112		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VOLPE, MICHAEL J ESQ. C/O ROBINS, KAPLAN, MILLER, L.L.P. 711 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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-STATE-ZIP	MGR WIDICK, MICHAEL J 3685 BUTTONWOOD WAY, #1524 NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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>Michael J. Widick mgr.</i>		<i>April 10, 2005</i> <i>239-352-9831</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

MICHAEL J. WIDICK, MGR.

30006679



03242005 Chg-LLC CR2E083 (10/03)

4. FEI Number **61-1471398** Applied For Not Applicable

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