

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90365 008 \*\*\*\*50.00

14012343



01242005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1069920** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PINYON, JEFF  
3487 WILLARD NORRIS ROAD  
PACE, FL 32571

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PINYON, JEFF	
STREET ADDRESS	3487 WILLARD NORRIS ROAD	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ST. CLERGY, CLINT	
STREET ADDRESS	3487 WILLARD NORRIS ROAD	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND CARTER	
STREET ADDRESS	1207 N 30TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/05 698-8443