

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90044 007 \*\*\*\*50.00

20037594



04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1127624 Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

GREEN, WILLIAM C  
5992 HARDY CROOM CT  
TALLAHASSEE, FL 32309

## 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/05

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE \_\_\_\_\_  
NAME MGRM  
STREET ADDRESS GREEN, WILLIAM C  
CITY-ST-ZIP 5992 HARDY CROOM CT  
TALLAHASSEE, FL 32309 ☐ Delete

TITLE \_\_\_\_\_  
NAME MGRM  
STREET ADDRESS GREEN, ALLISON R  
CITY-ST-ZIP 5992 HARDY CROOM CT  
TALLAHASSEE, FL 32309 ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Delete

TITLE \_\_\_\_\_  
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TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE \_\_\_\_\_ ☐ Change ☐ Addition

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Change ☐ 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

4/28/05  
Date

893-1299  
Daytime Phone #