


FILED
 Jul 11, 2005 8:00 am
 Secretary of State

05-02-2005 90121 021 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000039760			
1. Entry Name LUIS RODRIGUEZ, LLC			
Principal Place of Business 3617 NE 14 AVE OCALA, FL, 34479		Mailing Address 3617 NE 14 AVE OCALA, FL, 34479	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04272005 Chg-LLC		CR2E083 (10/03) Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Dashed <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, LUIS F SR. 3617 NE 14 AVE OCALA, FL, FL 34479		7. Name and Address of New Registered Agent Name <u>Luis Rodriguez Sr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3617 NE 14 AVE</u> City <u>Ocala</u> FL Zip Code <u>34479</u>	
8. The above named entry 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 <u>[Signature]</u> DATE <u>5-26-05</u> <small>(Signature of the filer, filer's authorized representative, registered agent, or the filer's preparer. (NOTE: Registered Agent signature required when registering.)</small>			
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 <u>OWNER Luis Rodriguez 3617 NE 14 AVE Ocala FL 34479</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(X), 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>[Signature]</u>		Date <u>April 28, 05</u> 352-598-1295	