

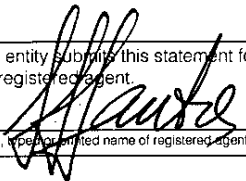
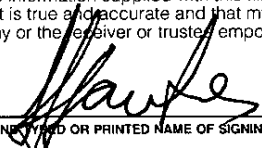


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90003 002 ****50.00

DOCUMENT # L04000041259 1. Entity Name LUIZ SANTOS LLC					
Principal Place of Business 4 BICKWICK LANE 31 OLD KINGS RD PALM COAST, FL 32137 SUITE # 2				Mailing Address 4 BICKWICK LANE 31 OLD KINGS RD PALM COAST, FL 32137 SUITE # 2	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1515 Ridge Wood Ave Suite, Apt. #, etc. A			
City & State Holly Hill FL		City & State Holly Hill FL		4. FEI Number 201248074	
Zip 32117		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTOS, LUIZ C 4 BICKWICK LANE PALM COAST, FL 32137				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  Luiz C. Santos 8-30-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTOS, LUIZ C 4 BICKWICK LANE 61 REIDSVILLE DR. PALM COAST, FL 32137 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 Reidsville Dr. Palm Coast, FL, 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTOS, MARIA 4 BICKWICK LANE 61 REIDSVILLE DR. PALM COAST, FL 32137 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 Reidsville Dr. Palm Coast, FL, 32164 <input checked="" 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
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
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
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
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:  Luiz C. Santos 8-30-05 (386) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					