



2005 LIMITED LIABILITY COMPANY. ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90376 019 ****50.00

DOCUMENT # L04000041286					
1. Entity Name ATTILA CSIBA, LLC					
Principal Place of Business 1802 SUNSET POINT ROAD # H CLEARWATER, FL 33765			Mailing Address 1802 SUNSET POINT ROAD # H CLEARWATER, FL 33765		
2. Principal Place of Business 2625 SR 590 Suite, Apt. #, etc. 1151		3. Mailing Address 2625 SR 590 Suite, Apt. #, etc. 1151			
City & State CLEARWATER, FL		City & State CLEARWATER, FL		03312005 Chg-LLC CR2E083 (10/03)	
Zip 33759		Country PINELLAS		4. FEI Number 52-2446573	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CSIBA, ATTILA 1802 SUNSET POINT ROAD # H CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name: ATTILA CSIBA Street Address (P.O. Box Number is Not Acceptable) 2625, SR 590 # 1151. City: CLEARWATER FL Zip Code: 33759		
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: <u>Attila Csiba</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>05/11/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</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	MGR CSIBA, ATTILA 1802 SUNSET POINT ROAD # H CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CSIBA ATTILA 2625, SR 590. # 1151. CLEARWATER, FL 33765	<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
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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)(l), 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: <u>Attila Csiba</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>05/11/2005</u> <small>Date</small>		
			<small>Daytime Phone #</small>		