


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90027 013 ****50.00

DOCUMENT # L04000041756	
1. Entity Name C.E. DEZAYAS L.L.C.	

Principal Place of Business 1012 JONES AVE HAINES CITY, FL 33844	Mailing Address 1012 JONES AVE HAINES CITY, FL 33844
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2. Principal Place of Business	3. Mailing Address P.O. BOX 3302
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State HAINES CITY, FL
Zip	Country POLK
Country	Zip 33845-3302

20038238

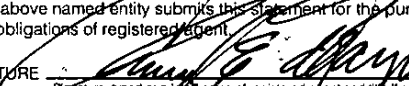


03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3726746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DEZAYAS, C.E. 1012 JONES AVE HAINES CITY, FL 33844	7. Name and Address of New Registered Agent Name DEZAYAS, C.E. Street Address (P.O. Box Number is Not Acceptable) 306 S. 10th STREET, SUITE 101 City HAINES CITY FL Zip Code 33844
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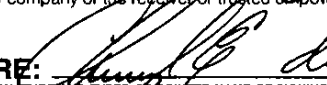
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 3/9/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZAYAS, C.E. 1015 JONES AVE HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZAYAS, C.E. 306 S. 10th STREET, SUITE 101 HAINES CITY, FL 33844 <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
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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)(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:  DATE 3/9/05

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

Daytime Phone 863-442-0934