## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90044 039 \*\*\*\*55.00

1. Entity Nan	MENT # L04000042			02-28-2005 90044 039 ****55.00
Principal Place of Business 2906 BLACK CREEK DRIVE MIDDLEBURG, FL 32068-5718		Mailing Address 2906 BLACK CREEK DRIVE MIDDLEBURG, FL 32068-5718		20016162
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired     \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
COLLINS, WANDA W 9386 COUNTY ROAD 121 BRYCEVILLE, FL 32009			Street Addre	ess (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 acceptate obligations of registered agent.  SIGNATURE  SIGNATURE  SUBMATURE  SUBMATURE				
9.	MANAGING MEMBER	S/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITTIER, ARTHUR F 2606 ANNISTON ROAD JACKSONVILLE, FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, JEANNIE W 2421 HIDDEN HILLS DRIVE MARIETTA, GA 30066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
-TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM_ WHITTIER, CHARLES W 2906 BLACK CREEK DRIVE MIDDLEBURG, FL 320685718	Collete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITTIER, CARY D 4213 KERLE STREET JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, WANDA W 9386 COUNTY ROAD 121 BRYCEVILLE, FL 32009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\ □ Delete \	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. Thereby certify that the information supplied with this filling 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: Charles W. Whittier 2/26/05 (904) 282 -/360 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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