

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043497

FILED
Jan 10, 2005
Secretary of State

Entity Name: FAITHFILLED TOONS, LLC

Current Principal Place of Business:

2101 S.W. RACQUET CLUB DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

2101 S.W. RACQUET CLUB DRIVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-1227613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREYER, WILLIAM B
2101 S.W. RACQUET CLUB DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DREYER, WILLIAM B
Address: 2101 W.W. RACQUET CLUB DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Delete
Name: MALLEY, JOHN E
Address: 5232 S.W. BIMINI CIRCLE N
City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Delete
Name: BASSO, ANTHONY
Address: 3882 S.W. INWOOD PINES LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MALLEY, JOHN E
Address: 511 SW BAY POINT CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM DREYER

MGRM

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date