2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044128

1387 LANDIS DRIVE

City-St-Zip: NORTH WALES, PA 19454

Address:

Entity Name: FLORIDA FITZPATRICK, LLC

FILED Feb 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	REST AVENUE EIM, PA 19038			
Current Mailing Address:			New Mailing Address:	
	REST AVENUE EIM, PA 19038			
FEI Number	: 86-1107914 F	El Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:
5551 RIDO NAPLES, I				
	e named entity subi e of Florida.	nits this statement for the	purpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
	Electronic S	ignature of Registered Ag	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Del FITZPATRICK, MAR 16 HILLCREST AVE ERDENHEIM, PA 1	GARET NUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Del FITZPATRICK, TOM 643 OLYMPIA HILL BERWYN, PA 1937	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Del FITZPATRICK, ELE. 16 HILLCREST AVE ERDENHEIM, PA 1	ANOR NUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () Del	ete	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: MARGARET FITZPATRICK MS. 02/04/2005