

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**


05-06-2005 90029 005 \*\*\*\*50.00

30010613



**DOCUMENT # L04000045356**

1. Entity Name  
**MICHAEL CORDOVA, LLC**



Principal Place of Business  
**1650 E VOORHIS AVENUE  
 DELAND, FL 32724 US**

Mailing Address  
**1650 E VOORHIS AVENUE  
 DELAND, FL 32724 US**

2. Principal Place of Business  
**630 S. MONTGOMERY AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address.  
**630 S. MONTGOMERY AVE**  
 Suite, Apt. #, etc.

City & State  
**DE LAND, FL**

City & State  
**DE LAND, FL**

Zip  
**32724** Country  
**USA**

Zip  
**32724** Country  
**USA**

05032005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1249565**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRIEBIS, DANIEL S.  
 3890 TURTLE CREEK DRIVE  
 SUITE B  
 PORT ORANGE, FL 32127**

7. Name and Address of New Registered Agent  
 Name  
**R. M. LAPOUX**  
 Street Address (P.O. Box Number is Not Acceptable)  
**507 P HERBERT ST.**  
 City  
**PORT ORANGE** FL Zip Code  
**32197-3245**

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 *A. H. L. [Signature]* **R. M. LAPOUX** **8/15/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by September 7, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDOVA, MICHAEL 1650 E VOORHIS AVENUE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>630 S. MONTGOMERY AVE- DE LAND, FL 32724</b>
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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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: *[Signature]* **MICHAEL CORDOVA** **8/15/05** **386-527-2439**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #