


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90112 002 ****50.00

DOCUMENT # L04000047602 1. Entity Name A AMERICAN FIRE CO., LLC					
Principal Place of Business 25191 OLYMPIA AVE. #62 PUNTA GORDA, FL 33950				Mailing Address 5675 NAPLES BLVD NAPLES, FL 34109	
2. Principal Place of Business 19800 VETERANS BLVD		3. Mailing Address Suite, Apt. #, etc. UNIT D-7			
City & State PORT CHARLOTTE, FL		City & State PORT CHARLOTTE, FL			
Zip 33954		Country CHARLOTTE		4. FEI Number 59-3769	
5. Certificate of State Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARISTIZABAL, EDWARD M 5675 NAPLES BLVD NAPLES, FL 34109			7. Name and Address of New Registered Agent Name EARLE F TAYLOR III Street Address (P.O. Box Number is Not Acceptable) 240 CICERO ST. City PORT CHARLOTTE FL Zip Code 33948		
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 <u><i>Earle F. Taylor III</i></u> DATE <u><i>6/5/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 ARISTIZABAL, EDWARD M 5675 NAPLES BLVD NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EARLE F. TAYLOR III 240 CICERO ST. PORT CHARLOTTE, FL, 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHROYER, WALTER 240 CISERO STREET PORT CHARLOTTE, FL 33952	<input checked="" 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	MGR TAYLOR, ROLAND W III 14942 WISE WAY FORT MYERS, FL 33905	<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	
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	
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: <u><i>Earle F. Taylor III</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>6/5/05</i></u> Daytime Phone # <u><i>941-916-6210</i></u>		