


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90037 031 \*\*\*\*50.00

<b>DOCUMENT # L04000048166</b>													
<b>1. Entity Name</b> AMPERSAND, LLC													
<b>Principal Place of Business</b> 1041 INDIAN BEACH DR SARASOTA, FL 34234			<b>Mailing Address</b> 1041 INDIAN BEACH DR SARASOTA, FL 34234										
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	02282005    Chg-LLC    CR2E083 (10/03)									
<b>4. FEI Number</b> 05-123 0118				Applied For <input checked="" type="checkbox"/> Not Applicable									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON, FL 34209			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> <b>Name</b>                  ALLAN B. LIVESEY             </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Street Address (P.O. Box Number is Not Acceptable)</b>                  1041 INDIAN BEACH DR             </td> </tr> <tr> <td style="padding: 2px;"> <b>City</b>                  SARASOTA             </td> <td style="padding: 2px;"> <b>FL</b> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Zip Code</b>                  34234             </td> </tr> </table>			<b>Name</b> ALLAN B. LIVESEY		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1041 INDIAN BEACH DR		<b>City</b> SARASOTA	<b>FL</b>	<b>Zip Code</b> 34234	
<b>Name</b> ALLAN B. LIVESEY													
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1041 INDIAN BEACH DR													
<b>City</b> SARASOTA	<b>FL</b>												
<b>Zip Code</b> 34234													
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> <b>SIGNATURE</b> _____  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:40%; padding: 5px;"> <b>DATE</b>                  3/5/05             </td> </tr> </table>						<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 3/5/05						
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 3/5/05												
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>										
<b>TITLE</b> MGR <b>NAME</b> LIVESEY, ALLAN B <b>STREET ADDRESS</b> 1041 INDIAN BEAH DR <b>CITY-ST-ZIP</b> SARASOTA, FL 34234	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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<b>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.</b>													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>DATE:</b> 3/5/05 <small>Daytime Phone #</small>										