

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

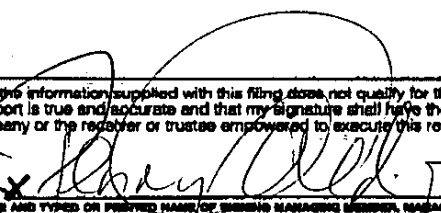
FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90217 025 ****50.00

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04112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000048264			
1. Entity Name PSYCHED, LLC			
Principal Place of Business 5212 CYRIL DR RIDGE MANOR, FL 33523		Mailing Address 5212 CYRIL DR RIDGE MANOR, FL 33523	
2. Principal Place of Business 31134 CORTEZ BLVD Suite, Apt. #, etc.		3. Mailing Address 31134 CORTEZ BLVD Suite, Apt. #, etc.	
City & State RIDGE MANOR, FL		City & State RIDGE MANOR, FL	
Zip 34602 Country USA		Zip 34602 Country USA	
4. FEI Number 20-1236665		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ELDREDGE, JAMES A 12512 CORRINE AVE SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		State shall be payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARD, STEVEN S 3310 MARGIES WAY SANTA CRUZ, CA 95062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARD, COURTNEY 3310 MARGIES WAY SANTA CRUZ, CA 95062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDING, PENELOPE 5212 CYRIL DR RIDGE MANOR, FL 33523 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 4/11/05 352-796-4423	