

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

02-07-2005 90286 038 ****50.00

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03112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000051856 1. Entity Name AHEARN & WILLS, LLC					
Principal Place of Business 650 WEST POPE ROAD #267 ST. AUGUSTINE, FL 32080			Mailing Address 650 WEST POPE ROAD #267 ST. AUGUSTINE, FL 32080		
2. Principal Place of Business 2829 Vista Cove Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2829 Vista Cove Road <small>Suite, Apt. #, etc.</small>			
City & State St. Augustine, Florida		City & State St. Augustine, Florida		4. FEI Number 20-2475753	
Zip 32084		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AHEARN, THOMAS T 650 WEST POPE ROAD #267 ST. AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Michael A. Siragusa Street Address (P.O. Box Number is Not Acceptable) 780 North Ponce de Leon Boulevard City St. Augustine FL Zip Code 32084	
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 reinstating) DATE 3/22/05					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AHEARN, THOMAS T 650 WEST POPE ROAD #267 ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AHEARN, THOMAS T. 2829 Vista Cove Road St. Augustine, FL 32084 <input checked="" 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	
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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:			Date 3/24/05 (904) 819-9169		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					