## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052121

Entity Name: CUSTOM MAID BY CHERYL, L.L.C.

FILED Aug 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3901 ROCKY LANE 14430 OLD SPIKES RD SOUTHPORT, FL 32409 SOUTHPORT, FL 32409

Current Mailing Address: New Mailing Address:

3901 ROCKY LANE 14430 OLD SPIKES RD SOUTHPORT, FL 32409 SOUTHPORT, FL 32409

FEI Number: 26-0102790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, CHERYL L
3901 ROCKY LANE
SOUTHPORT, FL 32409 US
SMITH, CHERYL L
14430 OLD SPIKES RD
SOUTHPORT, FL 32409 US

SOUTHPORT, FL 32409 US SOUTHPORT, FL 32409 US

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.

SIGNATURE: CHERYL L. SMITH 08/18/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SMITH, CHERYL L
 Name:

 Address:
 3901 ROCKY LANE
 Address:

 City-St-Zip:
 SOUTHPORT, FL 32409
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHERYL L. SMITH MGR 08/18/2005