

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90020 050 ****50.00

20029783



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1372207** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000052748			
1. Entity Name EAST BURNT STORE HOLDINGS, L.L.C.			
Principal Place of Business 1318 LAFAYETTE STREET CAPE CORAL, FL 33904		Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PARKWAY EAST, SUITE C CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Hill, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette St. City Cape Coral, FL Zip Code 33904	
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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 Thomas W Hill (NOTE: Registered Agent signature required when reinstating) DATE 4-8-05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904 <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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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: Thomas W Hill Date 4-8-05 Daytime Phone # 239-549-2444