2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L04000053166

FILED Jun 27, 2005 8:00 am Secretary of State 05-02-2005 90110 034 ****50.00

1. Entity Nan	ne		A C	的深刻	03 02 .	2005 20110	05.	50.00
BAIT'N S	WITCH LLC							
Principal Place of Business 73 COQUINA RIDGE WAY ORMOND BEACH FL 32174		Mailing Address 73 COQUINA RIDGE ORMOND BEACH FL	Mailing Address 73 COQUINA RIDGE WAY ORMOND BEACH FL 32174					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					I QUATITI (UI (QUA
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E	083 (10/04))	
City & State		City & State	City & State		4. FEI Number - 2/5		⊢	Applied For
Zip	Country	Zip _	Country		5. Certificate of Status De-		\$5.00 A	dditlonal
	6. Name and Address of Current	t Registered Agent			7. Name and Address of	New Registered	d Agent	
	-		Name					
73 (ESSNER, PAUL M II COQUINA RIDGE WAY MOND BEACH FL 32174		Street Address ((P.O. Box Number is Not Acceptable)			
			City	·		F	j Žip Co	de
9. The above	named entity submits this statement f	nr tha avenage of changing it				-	_ 1	
the obligation	bons of registered agent.	or the purpose or crisinging in	is registered onice	or register	eo agent, or ooth, in the State	o i Fiorica, I an	n lamiliar will	1, and accept
SOLETION	Signature, typed or printed nome of registered agen	(NO	TE. Registered Agent sign	beruper ente	when reinstating)	DATE		
		FIEN	IOW!!! FEE IS	\$50 AN				
		Make Check Payal	_		nt of State			
	-	_	Je By May 1, 20	•				
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDIT	IONS/CHANGE		
TITLE	MGR	☐ Delete	TITLE		ADDIT	ONSTONATE	Change	Addition
NAME	WOESSNER, PAUL M II		NAME				Country	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP					
TITLE		Delete	TOTLE				☐ Change	Addition
NAME			NAME	1				
STREET ADORESS	İ		STREET ADDRESS					
CITY-SI-ZIP			CITY-ST-7P	ļ				
TITLE		Delete	TITLE				Change	Addition
STREET ADDRESS	1		STREET ADDRESS					
CITY-51-71P	-		Giit-Si-Zir	1				
TITLE		☐ Delete	TITLE		·		☐ Change	☐ Addition
NAME	J .		NAME					
STREET ADDRESS	İ		STREET ADDRESS			•		
CHTY-ST-ZIP	ļ		CITY-ST-ZIP	<u> </u>				
THILE		☐ Deteta	TITLE				Change	☐ Addition
NAME			NAME	1	•			
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS	1				
			CITY-ST-ZEP	ļ	-			
MALIE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	1				
CITY-SI-ZIP			CITY-ST-ZIP					
11. I hereby of indicated	Certify that the information supplied with on this report is true and accurate and billity company or the receiver or truste	i mai my signature shall have	or the exemption state the same legal eff	ect as if ma	ade under oath: that I am a n	utes, I further ce nanaging memb	rtify that the in er or manage	nformation er of the
SIGNAT	URE: James	PAVE U	MEZ Z LUEN	<u>. U</u> .	4,25,20	85 38	6-679-	4019
J. J	SIGNATURE AND TIPED OR PRINTED NAME (SCHOOL MANAGING MEMBER, MA			TATIVE Date		Destroy Phone s	