

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056213

FILED  
Feb 26, 2005  
Secretary of State

Entity Name: PLOCHARCZYK INTERESTS LLC

## Current Principal Place of Business:

13484 CHESTNUT STREET  
SOUTHGATE, MI 48195

## New Principal Place of Business:

5007 RIPPLE RUSH DRIVE, NORTH  
JACKSONVILLE, FL 322574759 US

## Current Mailing Address:

13484 CHESTNUT STREET  
SOUTHGATE, MI 48195

## New Mailing Address:

5007 RIPPLE RUSH DRIVE, NORTH  
JACKSONVILLE, FL 322574759 US

FEI Number: 20-1535176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HILL, DEBRA S  
8810 GOODBY'S EXECUTIVE DRIVE  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

PLOCHARCZYK, THOMAS J  
5007 RIPPLE RUSH DRIVE, NORTH  
JACKSONVILLE, FL 322574759 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: THOMAS J. PLOCHARCXYK

02/26/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PLOCHARCZYK, THOMAS J  
Address: 13484 CHESTNUT STREET  
City-St-Zip: SOUTHGATE, MI 48195  
  
Title: MGRM ( ) Delete  
Name: PLOCHARCZYK, LEONARD P JR.  
Address: 13484 CHESTNUT STREET  
City-St-Zip: SOUTHGATE, MI 48195

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PLOCHARCZYK, THOMAS J  
Address: 5007 RIPPLE RUSH DRIVE, NORTH  
City-St-Zip: JACKSONVILLE, FL 322574759 US  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: THOMAS J. PLOCHARCZYK

MGRM

02/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date