

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061823

FILED
Jun 30, 2005
Secretary of State

Entity Name: ASSISTED RESOURCES, LLC

Current Principal Place of Business:

412 E. MADISON STREET
SUITE 900
TAMPA, FL 33629

New Principal Place of Business:

112 - 44TH AVENUE N
ST. PETERSBURG, FL 33703

Current Mailing Address:

P.O. BOX 1999
TAMPA, FL 33601

New Mailing Address:

112 - 44TH AVENUE N
ST. PETERSBURG, FL 33703

FEI Number: 20-2087957 **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:

ROSENKRANZ, JACK M
P.O. BOX 1999
TAMPA, FL 33601 US

Name and Address of New Registered Agent:

BYRNE, JAMES A ESQUIRE
540 FOURTH STREET N.
ST. PETERSBURG, FL 33701 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: JAMES A. BYRNE, ESQUIRE

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, KENTON D
Address: 112 44 TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES:

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: KENTON D. WILSON

MGRM

06/30/2005

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