

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063297

FILED
Aug 30, 2005
Secretary of State

Entity Name: NANN, BURTON & ASSOCIATES, LLC

Current Principal Place of Business:

604 SOUTH MELVILLE AVE #3
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

604 SOUTH MELVILLE AVE #3
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-6666666 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:

NANN, DENISE
604 SOUTH MELVILLE AVE #3
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NANN, DENISE
Address: 604 SOUTH MELVILLE AVE #3
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: NANN, MICHAEL
Address: 1219 STAMFORD STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR () Delete
Name: BURTON, DAVID
Address: 604 SOUTH MELVILLE AVE #3
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENISE NANN

MGR

08/30/2005

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