## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000063706**

1. Entity Name
DOUG'S VACUUM CENTER, LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS

05 MAY -3 PM 3: 00

Principal Place of Business

604 BRONOUGH ST TALLAHASSEE, FL 32301 Mailing Address

604 BRONOUGH ST TALLAHASSEE, FL 32301



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3444436 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, DOUGLAS S 604 BRONOUGH ST TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

|   |  |                     | 114 11                                     | IIS SPACE                                  |
|---|--|---------------------|--|--|
| 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_  | Signature, typed or printed name of registered agent and title # applicable. | (NOTE: Registered a | Agent signature required when reinstating) | DATE                                       |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |                     |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |                     |  |  |
| TITLE   | MGRM   |                     |  | _  |
| NAME  | FISHER, DOUGLAS S  |                     |  | ·  |
| STREET ADDRESS  | 604 BRONOUGH ST  |                     |  |  |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32301  |                     |  |  |
| TITLE   |  |                     |  |  |
| NAME  |  |                     | റെ   | 00054906019                                |
| STREET ADDRESS  |  |                     | าตาน<br>กรุวเกิ                            | 0 <b>0054206018</b><br>/0501042018 **50.00 |
| CITY-ST-ZIP   |  |                     | 00/10/                                     | 00 01045 010 ***00:00                      |
| TITLE   |  |                     |  |  |
| NAME  |  |                     |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                     | ·- DO 1                                    | NOT WRITE                                  |
|   |  |                     |  | _  |
| TITLE   |  |                     | IN T                                       | HIS SPACE                                  |
| NAME<br>Street address  |  |                     |  |  |
| CITY-ST-ZIP   |  |                     |  |  |
| TITLE   |  |                     |  |  |
| NAME  |  |                     |  |  |
| STREET ADDRESS  |  |                     |  |  |
| CITY-ST-ZIP   |  |                     |  |  |
| TITLE .   |  |                     |  |  |
| NAME  |  |                     |  |  |
| STREET AGORESS  |  |                     |  |  |
| CITY-ST-ZIP   |  |                     |  |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/3/05

550)222 1423

Daytime Phone #