2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L04000065697

Entity Name: LUIS O. GUERRA, LLC

Current Principal Place of Business:

1112 PINELLAS POINT DRIVE SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1112 PINELLAS POINT DRIVE SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 57-1213148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUERRA, LUIS O
1112 PINELLAS POINT DRIVE SOUTH
ST. PETERSBURG, FL 33705 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/MEMBERS:

Title: P ( ) Delete
Name: GUERRA, LUIS O
Address: 1112 PINELLAS POINT DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ST ( ) Delete
Name: GUERRA, CYNTHIA J
Address: 1112 PINELLAS POINT DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GUERRA, LUIS O
Address: 1112 PINELLAS POINT DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM (X) Change ( ) Addition
Name: GUERRA, CYNTHIA J
Address: 1112 PINELLAS POINT DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

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: LUIS O. GUERRA MGRM 04/18/2005

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