


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90057 015 \*\*\*\*55.00

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DOCUMENT # L04000068545			
1. Entity Name SAM GODWIN TECHNICAL SERVICES, LLC			
Principal Place of Business 657 BEARD AVENUE SEBASTIAN, FL 32958		Mailing Address P.O. BOX 78099 SEBASTIAN, FL 32978	
2. Principal Place of Business		3. Mailing Address P.O. Box 780999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SEBASTIAN, FL	
Zip	Country	Zip 32978-0999	Country
4. FEI Number 20-1646594		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GODWIN, SAMUEL A 657 BEARD AVENUE SEBASTIAN, FL 32978		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODWIN, SAMUEL A 657 BEARD AVENUE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Samuel A. Godwin</i>		SAMUEL A. Godwin 1-6-05 772-321-0190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	