2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0400070369 1. Entity Name, L.T.S. ENTERPHISES, LL.C.						FILED 05 OCT 17 PM 1: 54			
Principal Place of Business Mailing Address						1	SECILE	JARY : e	A TANTAL LA
1534 SUNKIST WAY			1534 SUNKIST WAY			SECKETARY OF STATEDOSES TALLAHASSEE FLORING			
FT. MYERS FL 33905 FT. MYERS FL 33905									
2. Principal Place of Business			3. Mailing Address			 	10%14 211 10 711 11 0 11 1214 22111		ULI 11 MALIO TOLO 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)			
City & State			City & State			4. FEI I Juri	nber -0128513	;	Applied For Not Applicable
Zip Country			Zip Cox		try	5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Addre	ss of Current Reg	gistered Agent Name			7. Name and Address of New Registered Agent			
MCCONNELL, TOM S 1534 SUNKIST WAY FT. MYERS FL 33905					Street Address (P.O. Box Number is Not Acceptable)				
1 1. WILLIO I L 33503					0.5				
	· · · · · · · · · · · · · · · · · · ·			 -	City		···		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 Signature, typed or printed name of registered agent and little # applicable (NOTE Registered Agent signature required when reinstaturg) DATE									
FILE NOW!!! FEE IS \$50.0 Make Check Payable to Florida Depart									
9. MANAGING MEMBERS/MANAGERS 10.							ADDITIONS	(CHANGES	
IIILE	MGRM	ONTO MENICENO	Delete	TITLE	:		ADDITIONS	ChavGE3	nge 🔲 Addition
NAME STREET ADDRESS	MCCONNELL, TOM S		· 	NAM 	ET-ADDRESS	—		·	
CITY-SI-ZIP	FT. MYERS FL 33905				-S1-ZIP				
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NAME			☐ Delete	TITLE PAM	I			☐ Cha	nge 🔲 Addilion i
SIREET ADDRESS CITY-ST-ZIP			• •		ET ADDRESS -ST- <i>TI</i> P				
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NAME STREET ADDRESS				NAM STRE	ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(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 eath; 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: Jom 5. M. Comell 7 20-05 470-5700									
SIGNATURE: 470-5/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Days Phone #									

07-27-2005 90013 044 ****50.00