

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

04-18-2005 90081 047 ****50.00

DOCUMENT # L04000071563 1. Entity Name FULLBACH INVESTMENTS, LLC					
Principal Place of Business 2201 - 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704			Mailing Address 2201 - 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04132005 Chg-LLC CR2E083 (10/03) 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">20-1801691</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 0.8em;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HOBACH, JOHN P JR. 2201 - 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	
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	M HOBACH, JOHN P JR. 2201 - 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M FULLERTON, KENNETH D 2201 - 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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>X John P Hobach</i>			Date: <i>X 4-15-05</i> Daytime Phone #: <i>X 727-996-9309</i>		