2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT **DOCUMENT # L04000072657** 1. Entity Name EDWARD L EBMEIER-TRUSTEE,LLC Principal Place of Business Mailing Address 4136 PLAYER CIRCLE 4136 PLAYER CIRCLE ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Ζip 6. Name and Address of Current Registered Agent EBMEIER, EDWARD L Street Addres 4136 PLAYER CIRCLE ORLANDO, FL 32808 8. The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent. SIGNATURE Sgreture, typed or printed name of registered agent and title if apparable. (NOTE: Registered Agent signitium requ Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 10. 9. MGRM ☐ Detete TITLE TITLE EBMEIER, EDWARD L NAME NAME STREET ADDRESS STREET ADDRESS 4136 PLAYER CIRCLE CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Oetete TITLE TITLE NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE

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.

NAME

TITLE

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NAME

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STREET ADDRESS CITY-ST-ZIP

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AND TYPED OR FRUITED NAME OF SIGNING MANAGOIG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Jul 05, 2005 8:00 am Secretary of State				
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7. Name and	1 Address of New R	gistered Ag	ent	
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