## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Jul 18, 2005 8:00 am Secretary of State **DOCUMENT # L04000072752** 05-02-2005 90083 007 \*\*\*\*50 00 ISABELLA MORENO INVESTMENTS, LLC Principal Place of Business Mailing Address OUUTUTEI 293 TALL OAK TRAIL 293 TALL OAK TRAIL TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 2. Principal Place of Business 3. Mailing Address 4929 Lyford 4929 Suite, Apt. #, etc. 07122005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For lampa Not Applicable Jampa Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLLINKA, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE Change Addition MORENO, SANDRA NAME NAME 293 TALL OAK TRAIL-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 11. I hereby certify that the information supplied with this filling 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 limited liability company or the reco viate 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 or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**