

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074327

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: ANTEVORTE LLC

**Current Principal Place of Business:**

4505 S. HESPERIDES STREET  
TAMPA, FL 33611

**New Principal Place of Business:**

6302 36TH COURT EAST  
ELLENTON, FL 34222

**Current Mailing Address:**

4505 S. HESPERIDES STREET  
TAMPA, FL 33611

**New Mailing Address:**

6302 36TH COURT EAST  
ELLENTON, FL 34222

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMAN LAW FIRM  
14001 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618    US

**Name and Address of New Registered Agent:**

ADKINS, DAVID J II  
6302 36TH COURT EAST  
ELLENTON, FL 34222    US

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.

SIGNATURE: DAVID J ADKINS, II

03/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:            MGR            ( ) Delete  
Name:            ADKINS, DAVID J II  
Address:        4505 S. HESPERIDES STREET  
City-St-Zip:    TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            ADKINS, DAVID J II  
Address:        6302 36TH COURT EAST  
City-St-Zip:    ELLENTON, FL 34222

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID J ADKINS, II

MGR

03/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date