

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90090 011 ****50.00

14018353



DOCUMENT # L04000076369 1. Entity Name PSYCHEDELIC SHACK, LLC																																															
Principal Place of Business P.O. BOX 20908 TALLAHASSEE, FL 32316			Mailing Address P.O. BOX 20908 TALLAHASSEE, FL 32316																																												
2. Principal Place of Business <i>P.O. BOX 20908</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. BOX 20908</i> Suite, Apt. #, etc.		07052005 Chg-LLC CR2E083 (10/03)																																											
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>		4. FEI Number 20-1800609																																											
Zip <i>32316</i>		Country <i>U.S.</i>		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent JONES, KENNETH 410 CHRISTIAN LOOP HAVANA, FL 32333				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 _____ (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																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%; padding: 2px;"> MGR JONES, KENNETH P.O. BOX 20908 TALLAHASSEE, FL 32316 </td> <td style="width: 25%; padding: 2px; text-align: right;"> ☐ Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%; padding: 2px;"></td> <td style="width: 25%; padding: 2px; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;">☐ Change ☐ Addition</td></tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, KENNETH P.O. BOX 20908 TALLAHASSEE, FL 32316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition
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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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <i>7-5-05</i> Daytime Phone # <i>850-561-4815</i>																																											