

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90217 027 ****50.00

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02192005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000076674					
1. Entity Name FRESH MINISTRIES-KLUTHO, LLC					
Principal Place of Business 1131 NORTH LAURA STREET JACKSONVILLE, FL 32206			Mailing Address 1131 NORTH LAURA STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business 1830 N. main st Suite, Apt. #, etc. #5		3. Mailing Address 1830 N. main st. Suite, Apt. #, etc. #5		4. FEI Number 11-3731933 Applied For <input type="checkbox"/> Not Applicable	
City & State JAX. FL		City & State Jax. FL			
Zip 32204		Zip 32206			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BRYANT, MICHAEL L 1131 NORTH LAURA STREET JACKSONVILLE, FL 32206	
7. Name and Address of New Registered Agent Name <u>Craig VanHorn</u> Street Address (P.O. Box Number is Not Acceptable) <u>1830 North main street ste 5</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32206</u>					
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 <u>[Signature]</u> DATE <u>4-10-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Craig Van Horn/Symbiosis Investments LLC 1830 N. main street ste 5 JAX. FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael L Bryant/Fresh Ministries. 1830 N. main st. 3rd floor JAX. FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4-10-05</u> Daytime Phone # <u>904 777-0963</u>		