


FILED
Mar 30, 2005 8:00 am
Secretary of State

03-07-2005 90059 002 ****55.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000076676 1. Entity Name 1525 EAST HENRIETTA ROAD L.L.C.		
Principal Place of Business 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756		Mailing Address 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756
2. Principal Place of Business Harbor Towers Apt. 507 Suite, Apt. #, etc. 5855 Midnight Pass Rd. Sarasota, FL 34242-2101	3. Mailing Address Harbor Towers Apt. 507 Suite, Apt. #, etc. 5855 Midnight Pass Rd. Sarasota, FL 34242-2101	
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent RUGGLES, THOMAS W ESQ 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756		7. Name and Address of New Registered Agent Name: <u>ALBERT V. DURAND</u> Street Address (P.O. Box Number is Not Acceptable): <u>5855 MIDNIGHT PASS RD</u> <u>APT 507</u> City: <u>SARASOTA, FL</u> FL Zip Code: <u>34242-2101</u>
4. FEI Number <u>27-0119216</u>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
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>Albert Durand</u> ALBERT V. DURAND 2/25/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature Required when reappointing) DATE</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: MGRM NAME: DURAND, ALBERT V. <input type="checkbox"/> Delete STREET ADDRESS: 5855 MIDNIGHT PASS ROAD Apt 507 CITY-ST-ZIP: SARASOTA, FL 34242101	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: <input type="checkbox"/> Delete 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>Albert Durand</u> ALBERT V. DURAND 2/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>2/25/05</u> Daytime Phone #: <u>941-349-7241</u>

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