2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005
Secretary of State

DOCUMENT# L04000077787

Entity Name: CHIODO & ASSOCIATES, LLC

Current Principal Place of Business:

20000 HEATHERSTONE WAY
#1
ESTERO, FL 33929

New Principal Place of Business:

Current Mailing Address:

20000 HEATHERSTONE WAY
#1
ESTERO, FL 33929

New Mailing Address:

FEI Number: 20-1797227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHIODO, SAMUEL
10045 IDLE PINE LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHIODO, RYAN
Address: 20000 HEATHERSTONE WAY #1
City-St-Zip: ESTERO, FL 33929

Title: MGRM ( ) Delete
Name: GOFF, CHARLES
Address: 20000 HEATHERSTONE WAY #1
City-St-Zip: ESTERO, FL 33929

ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition
Name: CHIODO, RYAN
Address: 20000 HEATHERSTONE WAY #1
City-St-Zip: ESTERO, FL 33929

Title: MGMR (X) Change ( ) Addition
Name: GOFF, CHARLES
Address: 20000 HEATHERSTONE WAY #1
City-St-Zip: ESTERO, FL 33929

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: RYAN CHIODO MGMR 07/20/2005

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