

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90177 027 ****50.00

DOCUMENT # L04000078272					
1. Entity Name CAZBOY, LLC					
Principal Place of Business 3300 N. OCEAN DRIVE, #2-B HOLLYWOOD, FL 33019			Mailing Address 3300 N. OCEAN DRIVE, #2-B HOLLYWOOD, FL 33019		
2. Principal Place of Business -Same- Suite, Apt. #, etc.		3. Mailing Address 125 N. Hamilton Str. Suite, Apt. #, etc. #901		20010424 	
City & State		City & State Madison, WI		4. FEI Number 20-1865994	
Zip		Zip 53703		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country USA		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent REPPERT, DIANE K 3300 N. OCEAN DRIVE, #2-B HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name: N/A 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: <u>Diane K. Reppert</u> <u>Diane K. Reppert, Managing Member</u> <u>2/10/05</u> <small>Signature, typed or printed name of registered agent, or one if applicable. (NOTE: Registered Agent signature is required when applicable.)</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 Managing Member	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Diane K. Reppert			NAME		
STREET ADDRESS 125 N. Hamilton Str. #901			STREET ADDRESS		
CITY- ST- ZIP Madison, WI 53703			CITY- ST- ZIP		
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		
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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: <u>Diane K. Reppert</u> <u>Managing Member</u>			954-927-0747 or 608-256-1658		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		