2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000078679 1. Editil Nation COMPILET ECONORETE, LL.C. SECRETARY DESCRIPTION AND INDIVIDUAL NO. 2008 PM 5: 25 SE	1. Entity Nam	ie	# L0400007 CRETE, L.L.Ç.	78679			TA	05 APR 18 SECRETARY	PH 5:2	?5	
Sinte, April 4, rinc: Suite, April 4, rinc:	208 HOWELL	. RD	s	208 HOWELL RD	208 HOWELL RD		l				
City 6 State City 6 State City	2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
SA - C/132 SCOUNTY Zip Country Zip Country S. Certificate of Status Desired S.5.00 Additional Fee Required	Suite, Apt	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			-	CR2E08	3 (10/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. 8. SIGNATURE: Printing Fee is \$50.00 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of State Printing Fee is \$50.00 Make check payable to Florida Department of S	City & State	e	,	City & State	City & State			973280		No	t Applicable
SANTOS, MELVIN 208 HOWELL RD QUINCY, FL 32352 City FL Zip Code	Zip				Country		<u>]</u>		, , ,	ee Require	
the obligations of registered agent. SIGNATURE: Tilling Fee is \$50.00 Make check payable to Florida Department of State	208 HOWE	MELVIN ELL RD		ent Registered Agent	Street A	ddress (l			ble)		9
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MARE SANTOS, MELVIN STREET ADDRESS CITY-ST-2P TITLE MARE SIREET ADDRESS CITY-ST-2P TITLE MARE SIRET ADD	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										
TITLE MAME SANTOS MELVIN SIREE ADRESS CITY-ST-2IP QUINCY, FL 32352 CITY-ST-2IP TITLE MAME SIREET ADDRESS CITY-								1	•	•	3
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NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 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: NAME STREET ADDRESS CITY-ST-ZIP 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.	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS					☐ Change	Addition
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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: MRIVIN SAMOS-MGM 4/18/05	NAME STREET ADDRESS			☐ Delete	NAME Street Address					Change	☐ Addition
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