

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080166

Entity Name: FEQ 95, LLC

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

111 SOUTH STATE ROAD 19  
SUITE 1  
PALATKA, FL 32177 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 725  
PALATKA, FL 32178 US

## New Mailing Address:

FEI Number: 61-1478893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FUTCH, DARYLL W  
244 SILVER LAKE ROAD  
PALATKA, FL 32177 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/MEMBERS:

Title: MGR ( ) Delete  
Name: FUTCH, DARYLL W  
Address: P O BOX 725  
City-St-Zip: PALATKA, FL 32178 US

Title: MGRM ( ) Delete  
Name: FUTCH ENTERPRISES, I, NC  
Address: P O BOX 725  
City-St-Zip: PALATKA, FL 32178 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: RAFUSE, VICKI L  
Address: P O BOX 725  
City-St-Zip: PALATKA, FL 32178 US

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: DARYLL W. FUTCH

MGMR

04/26/2005

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