

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080466

Entity Name: PHACTS, LTD. CO.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

203 MEADOW HILLS DR.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

203 MEADOW HILLS DR.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 14-1906044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, MARSHALL
203 MEADOW HILLS DR.
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

LOPEZ, MARSHALL MGR
203 MEADOW HILLS DR.
SANFORD, FL 32773 US

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: MARSHALL LOPEZ

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LOPEZ, MARSHALL
Address: 203 MEADOW HILLS DR.
City-St-Zip: SANFORD, FL 32773

Title: MGR () Delete
Name: LOPEZ, ELSA
Address: 203 MEADOW HILLS DR.
City-St-Zip: SANFORD, FL 32773

Title: MGR () Delete
Name: LOPEZ, BETSY
Address: 203 MEADOW HILLS DR.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: LOPEZ, BETSY
Address: 4575 EMERSON PARK DR
City-St-Zip: ORLANDO, FL 32839

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: MARSHALL LOPEZ

MGRM

04/28/2005

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