

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081481

Entity Name: TOLEDOVEST, LLC

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

8540 N.W. 49TH DR.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

8445 YORKE RD.
WELLINGTON, FL 33414

Current Mailing Address:

8540 N.W. 49TH DR.
CORAL SPRINGS, FL 33065

New Mailing Address:

8445 YORKE RD
WELLINGTON, FL 33414

FEI Number: 20-1882423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVER, PAUL P.A.
2721 EXECUTIVE PARK DR #3
WESTON, FL 33331 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: MGRM () Delete
Name: PALMER, DAN
Address: 8540 N.W. 49TH DR.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: PALMER, JAMES
Address: 8540 N.W. 49TH DR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMER, DANIEL
Address: 8445 YORKE RD
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: PALMER, JAMES
Address: 8445 YORKE RD.
City-St-Zip: WELLINGTON, FL 33414

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: DANIEL PALMER

MR.

03/02/2005

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