

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081645

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: CREED FONTES ENTERPRISES, LLC

**Current Principal Place of Business:**

2917 W. BAYSHORE CT.  
TAMPA, FL 33611

**New Principal Place of Business:**

740 W. BRANDON BLVD.  
BRANDON, FL 33511

**Current Mailing Address:**

2917 W. BAYSHORE CT.  
TAMPA, FL 33611

**New Mailing Address:**

740 W. BRANDON BLVD.  
BRANDON, FL 33511

FEI Number: 11-3739975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FONTES, DAVID A ESQ.  
310 S. DALE MABRY HWY  
SUITE 260  
TAMPA, FL 33609 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: FONTES, ELIZABETH C  
Address: 2917 W. BAYSHORE CT.  
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete  
Name: CREED, RICHARD T  
Address: 1912 ELK SPRING DR.  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

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

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

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: ELIZABETH C. FONTES

MRS.

04/14/2005

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