


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90062 038 ****50.00

DOCUMENT # L04000083028

1. Entity Name
ERNEST M. GROCHOWSKI, LLC



Principal Place of Business Mailing Address

**1919 ROBINHOOD ST.
 SUITE A
 SARASOTA FL 34231**

**1919 ROBINHOOD ST.
 SUITE A
 SARASOTA FL 34231**

20018861



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 3. Mailing Address

5560 Bee Ridge Rd **5560 Bee Ridge Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

BLDG D, Suite 10 **BLDG D, Suite 10**

City & State City & State

Sarasota FL **Sarasota FL**

Zip Country Zip Country

34233 USA **34233 USA**

4. FEI Number Applied For

75-3174147 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GROCHOWSKI, ERNEST M
 1919 ROBINHOOD ST
 SUITE A
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **GROCHOWSKI, ERNEST M**

Street Address (P.O. Box Number is Not Acceptable)

5560 Bee Ridge Rd, Bldg D, Suite 10

City **Sarasota** FL Zip Code **34233**

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.

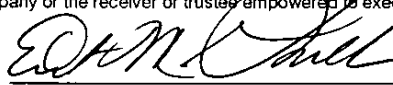
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROCHOWSKI, ERNEST M 1919 ROBINHOOD ST, SUITE A SARASOTA FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRI, MARIE E 1919 ROBINHOOD ST, SUITE A SARASOTA FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Grochowski, Ernest M 5560 Bee Ridge Rd, Bldg D, Suite 10 Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ferri, Marie E 5560 Bee Ridge Rd, Bldg D, Suite 10 Sarasota FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ERNEST M GROCHOWSKI** 1/31/05 941-379-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #