2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILEU
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Nam	ne	# L04000090 4 PLDINGS 2005 G, L					AM II:			
Principal Place		s	Mailing Address			-				
1551 SANDSPUR ROAD MAITLAND, FL 32751			1551 SANDSPUR ROAD MAITLAND, FL 32751			0.9				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Numb	ər		<u> </u>	plied For t Applicable
Zip		Country	Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Addi	
	6. Name	and Address of Current F				7. Name and Address of New Registered Agent				
B&C COR	PORATE	SERVICES OF CENT	RAL FLORIDA		Name					
390 NORT ORLANDO		GE AVENUE, SUITE 1 01	100		Street Address	(P.O. Box Numb	er is Not Acceptable	e) 		
					City	.			Zip Code	
9. The above gamed early submits this statement for the average of sheeping						rad agent or bo	th in the State of Elo	FL	<u> </u>	
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										
	iling Fee i ue by Ma							e check p Departm		
9.		MANAGING MEMBER	S/MANAGERS		'	ADDITIONS/	CHANGES			
TITLE NAME	MGR BROCK, JAY P					 .		~~~	Change	Addition
STREET ADORESS	1551 SANDSPUR ROAD MAITLAND, FL 32751				ET ADORESS -S1-ZIP	500049335325 03/29/0501006014 **50.00			00	
TITLE	MGR		☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	DOODY, TRICIA 1551 SANDSPUR ROAD		NAM		ET ADORESS					
CITY-SI-ZIP		D, FL 32751			-ST-ZIP					
TITLE	MGR		☐ Delete T(☐ Change	☐ Addition
NAME STREET ADDRESS	MISSIGMAN, PAUL 1551 SANDSPUR ROAD				ET ADDRESS					
CITY+ST-ZIP	MAITLAND, FL 32751		· · · · · · · · · · · · · · · · · · ·		-ST-ZIP					
TITLE	MGR	NO MIGHTER A	☐ Delete	TITL	1				☐ Change	Addition
NAME STREET ADDRESS	1	NO, MICHAEL J IDSPUR ROAD		NAN Stri	ET ADDRESS					
CITY-ST-ZIP	MAITLAN	D, FL 32751		CITY	-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS			NAM! Stre		EET ADORESS					
CITY-ST-ZIP					+ST-ZIP					
TITLE			☐ Delete TITU		į.				☐ Change	Addition
NAME STREET ADDRESS			NAM STRE		IE EET ADORESS					
CITY ST-ZIP					-ST-ZIP					
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Tricia Doody, Manager

407/741-8500