


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90088 014 \*\*\*\*50.00

<b>DOCUMENT # L04000090706</b>	
<b>1. Entity Name</b> <b>DONALD TITUS MAINTENANCE, LLC</b>	

<b>Principal Place of Business</b> <b>2812 W ADAMS ST</b> <b>INVERNESS FL 34453</b> <b>US</b>	<b>Mailing Address</b> <b>2812 W ADAMS ST</b> <b>INVERNESS FL 34453</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>2690 E. MERCURY ST.</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <b>2690 E. MERCURY ST.</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

<b>City &amp; State</b> <b>INVERNESS FL.</b>	<b>City &amp; State</b> <b>INVERNESS FL.</b>	<b>4. FEI Number</b> <b>11-3741455</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b> <b>34453</b>	<b>Country</b> <b>US</b>	<b>Zip</b> <b>34453</b>	<b>Country</b> <b>US</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>  <b>TITUS, DONALD</b> <del><b>2812 W ADAMS ST</b></del> <b>2690 E. MERCURY ST.</b> <b>INVERNESS FL 34453</b>	<b>7. Name and Address of New Registered Agent</b> <b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>   <b>City</b> <b>FL</b> <b>Zip Code</b>
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**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** *Donald E. Titus Jr.* **DONALD E. TITUS JR.** **3/23/05**  
Signature, typed or printed name of registered agent and title if applicable (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		10. ADDITIONS/CHANGES	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete <b>TITUS, DONALD</b> <del><b>2812 W ADAMS ST</b></del> <b>2690 E. MERCURY ST.</b> <b>INVERNESS FL 34453</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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:** *Donald E. Titus Jr.* **DONALD E. TITUS JR.** **3/23/05** **(352) 637-5711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #