

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093149

FILED  
Feb 15, 2005  
Secretary of State

**Entity Name:** ALDOUS EXECUTIVE PARTNERSHIP GROUP, LLC

**Current Principal Place of Business:**

314 SW MENTOR COURT  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

314 SW MENTOR COURT  
LAKE CITY, FL 32025 US

**New Mailing Address:**

**FEI Number:** 20-2333520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOKE, A. HAMILTON  
1301 RIVERPLACE BOULEVARD  
SUITE 2254  
JACKSONVILLE, FL 32207 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: ALDOUS, JOHN G  
Address: VILLA #1201 OF SAMAN VILLAS CARAMBOLA  
City-St-Zip: ST. CROIX, VI 00850

Title: MGRM ( ) Delete  
Name: ALDOUS, PATRICIA A  
Address: VILLA #1201 OF SAMAN VILLAS CARAMBOLA  
City-St-Zip: ST. CROIX, VI 00850

**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: JOHN G ALDOUS

MGRM

02/15/2005

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