


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90049 041 ****55.00

DOCUMENT # L04000093984				
1. Entity Name WORK READY, L.L.C.				
Principal Place of Business C/O 271 AIRPARK GLEN LAKE CITY, FL 32025		Mailing Address C/O 271 AIRPARK GLEN LAKE CITY, FL 32025		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2446674
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
MOODY, CHARLES W C/O 3069 S.W. MAULDIN AVENUE LAKE CITY, FL 32024				Name DARLENE DOLHON WESSON
				Street Address (P.O. Box Number is Not Acceptable) 18475 213TH DRIVE (LURAVILLE)
				City LIVE OAK
				State FL
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.				Zip Code 32060
SIGNATURE: <i>Darlene D. Wesson</i>				DATE 29 MAR 05
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. CHARLES W. MOODY C/O 3069 S.W. MAULDIN AVENUE LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. DARLENE D. WESSON 18475 213TH DRIVE (LURAVILLE) LIVE OAK, FL 32060
		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete		
		<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)(f), 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: <i>Darlene Dolhon Wesson</i>				DATE: 29 MAR 05 (386) 776-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE