

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # L96000000067

1. Entity Name

BIRKMEIER FLORIDA L.C.



Principal Place of Business

1165 CLAM COURT, #8
NAPLES, FL 33962

Mailing Address

1165 CLAM COURT, #8
NAPLES, FL 33962



02152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0650932

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRKMEIER, KRISTEN E
1165 CLAM COURT, #8
NAPLES, FL 33962

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BIRKMEIER, KRISTEN E
STREET ADDRESS	1165 CLAM COURT, #8
CITY-ST-ZIP	NAPLES, FL 33962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: *Kris Birkmeier*

KRISTEN E. BIRKMEIER

2-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #