2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000000396 X

1. Entity Name
ANGELIQUE INVESTMENT L.C.

Principal Place of Business	Mailing Address
222 NEBIT STREET PUNTA GORDA, FL 33950	P.O. BOX 510308 PUNTA GORDA, FL 33951-0308

03142005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0671777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HORNER, MICHAEL J
222 NEBIT STREET
PUNTA GORDA, FL 33950

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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 _____
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	SAUER, MANFRED
STREET ADDRESS	22000BROADRANCH DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	MGR
NAME	SAUER, DIRK
STREET ADDRESS	22000BROADRANCH DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	MGR
NAME	SAUER, SVEN
STREET ADDRESS	22000BROADRANCH DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80062-019 50.00

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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: M. Sauer, M. SAUER 03-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #