## مريه سان

## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 20, 2005 8:00 am Secretary of State

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### APPLIED RESERVE OF STATE OF THE PROPERTY O	Principal Plac	e of Business	-	<del>-</del>				• •				
2. Principal Place of Business   3. Mailing Address   Sules Apr. 4, etc.   O4032005 ChgLLC CP2E083 (10/03)   City & State   City & State   4. FE Number   Applied For												
Sulso, Apt. 4. etc.    Sulso, Apt. 4. etc.   Sulso, Apt. 4. etc.   Sulso, Apt. 4. etc.   Applied For Invarious   Applied For I	TOKT WILKS	3,12 33307		MATERIU, IC 32731			1 13611	RIE BYS 1831 IBRU RENT GRIN RE	FII GBIR 8831 6311 138	OA IDAIR OII		
City & State  Security  S. Country	2. Principal P	Place of Business	3	3. Mailing Address								
Specification of Status Desired   Stat	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			040320	05 Chg-LLC	CR2E083 (	10/03)		
S. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  Name CARLA P. May 5 S.E. — May 1751 SUNNYSIDE OR MAITLAND, FL 32751  8. The above named entity submits this statement for the purpose of planging its registered degent. Or both, in the State of Florida. I am families with, and accept the chigations of registered agent.  SIGNATURE  Filling Foe is \$50.00  Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  ITLE MAR SIRET AGRESS OFT-51-3P  CHICAGO, IL 60608  TILE MAR SIRET AGRESS OFT-51-3P  TILE MAR SIRET AGRESS OFT-	City & Stat	te		City & State							·	
Number and Address of New Registered Agent	Zip	(	Country	Zip Country		ntry						
MAISELMAN, CARLA P 1751 SURNYSIDE DR MAITLAND, FL 32751  Sreal Address (P.O. Box Number is Not Acceptable)  City MAITLAND FL 3255  8. The above numer entry submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Filing Foe is \$50.00  Due by May 1, 2005  Police Registered Agent cortection in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  Interpretation of the State of Forida. I am familiar with, and accept the obligations of registered agent.  Interpretation of the State of Forida. I am familiar with, and accept the obligations of registered agent.  Interpretation of the State of Forida. I am familiar with, and accept the obligation of registered agent.  Interpretation of the State of Forida State of Forida. I am familiar with, and accept the state of Forida. I am familiar with, and accept the police of the state of Forida State of Forida. I am familiar with, and accept the police of the state of Forida State of Forida Statues. I further certify that the information supplied with this filing does not qualify to the execution taxed in Section 119.07(		6. Name an	d Address of Current R				7. Name					
Signatures (P.O. Box Numbers (P.O. Box Numbers (P.O. Box Numbers In Not Acceptable)    City MAITLAND   FL   25 C25 5	MUSSELM	AAN CARIA	, D									
City MAITLAND, FL 32751  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent.  SIGNATURE  City MAIT LAND BERT C  MAKE check payable to bridge and the signature and signature and the signature and the signature and the signature and signature and the signature and the signature and signature and signature and signature and sincreasing member or manager of the intermediance and the signatur	1751 SUN	NYSIDE DR		Street Add			ess (P.O. Box N	ss (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of banging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### 15/05    SIGNATURE   Supples   Bod to prolations or registered agent.	MAITLAND	D, FL 32751				100	<u>, , , , , , , , , , , , , , , , , , , </u>	10 1-0				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent		•		City			A .T . 4	1./0	FI 2	Zip Code		
the obligations of registered agent.  SIGNATURE    Signature   Sig	MAIL LAND FL 3275											
Filling Fee is \$50.00  Due by May 1, 2005  Filling 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 MGR GLUTH, ROBERT C SIRET ADDRESS CITY-ST-2P  CHICAGO, IL 60606  TITLE MARE CHICAGO, IL 60606  TITLE MARE SIRET ADDRESS CITY-ST-2P  TITLE MARE SIRET	the obligations of registered agent.											
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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:  SIGNATURE:	1			•							1	
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ROBERT GLUTH, MANAGING MEMBER