## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90114 034 \*\*\*\*50.00

1. Entity Nam	MENT # M0100001									
Principal Place of Business		Mailing Address								
2600 HIGHLANDS BLVD. North Palm Harbor, Fl. 34684		2600 HIGHLANDS BLVD. North Palm Harbor, Fl. 34684								
NUKITI PALN	M MAKDUK, FL 34064	NUKIN PALIM NAKBUK	rL 34	004						
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2. Principal Place of Business		3. Mailing Address					<b>     </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04440005	0-110	00000	nn (4010n)		
					04142005	Chg-LLC	CHZEO	83 (10/03)		
City & State		City & State			4. FEI Numi				plied For	
Zip	Country	Zip Country		ıtry	<del></del>			\$5,00 Add	I Applicable	
					5. Certificat	e of Status Desired		Fee Require		
	6. Name and Address of Current F	legistered Agent		Nama	7. Name an	d Address of New H	egistered A	\gent		
CORPORATION SERVICE COMPANY				Name						
1201 HAY	SSTREET		Street Address			(P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE, FL 32301-2525									
			<u></u>					Zip Codi		
		City			FL	215 C80				
	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or registr	ered agent, or b	oth, in the State of Fic	vida. 1 am l	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	: Registere	rd Agent signstyre require	ed when reinstating)	T	DATE	·		
Fi Di	iling Fee is \$50.00 ue by May 1, 2005	•			Make check payable to Florida Department of State					
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR	Delete	TITL			•		☐ Change	Addition	
NAME STREET ADDRESS	POLITZ, SAMUEL 34921 US HIGHWAY 19 N, #415		KAN	LE EET ADDRESS					Í	
CITY-ST-ZIP	PALM HARBOR, FL 34684			-SI-ZIP					ļ	
TITLE	MGR	Delete	TITL	E				☐ Change	☐ Addition	
NAME	COOPER, ALAN		NAM							
SIREET ADDRESS CITY-SI-ZIP	2600 HIGHLANDS BLVD NORTH PALM HARBOR, FL 34684		•	EET ADDRESS (-ST-ZIP						
TITLE	FALM HARBOR, FL 34004	☐ Deleja	m		·			☐ Change	Addition	
NAME .	]	LI DEKIS	HAM						E AGGEGIA	
STREET ADDRESS	J		STR	EET ADORESS						
CITY-ST-ZIP				r-\$T-ZIP						
TITLE NAME		☐ Delete	TITE NAA					Change	☐ Addition	
STREET ADDRESS				EET ADDRESS					]	
CITY-ST-ZIP	i	•	1	r-ST-ZIP					Ī	
TITLE		☐ Delete	INI	.E				☐ Change	☐ Addition	
NAME			NAA						ŀ	
STREET ADORESS CITY+ST-ZIP	ļ			EET ADDRESS Y-ST-ZIP					į	
JATE GATES	I		πι				<del></del>	☐ Change	Addition	
TITLE		L I Demis		ı					_	
TITLE NAME		☐ Deteta	NA	Æ					ŀ	
NAME STREET ADDRESS		□ Deteta	STR	EET ADORESS					İ	
NAME STREET ADDRESS CLIV-ST-ZIP			STR CIT	EET ADORESS Y-ST-ZIP	Panting 442 Tri	NA Electric	ا فرسد -	11. ab		
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with don this report is true and accurate and ability company or the receiver or trustee	this filing does not quality fo that my signadure shall have	STR CIT the exithe same	EET ADDRESS Y-ST-ZIP emption stated in S ne legal effect as if	imade under ca	ith; that I am a mana;	I further cer ging membe	lify that the i	alormation or of the	
NAME STREET ADDRESS CLTY-ST-ZIP 11. I hereby of indicated	tion this report is true and accurate and I	this filing does not quality fo that my signadure shall have	STR CIT the exithe same	EET ADDRESS Y-ST-ZIP emption stated in S ne legal effect as if	imade under ca	ith; that I am a mana;	I further cer ging membe	ar or manage	r of the	
NAME STREET ADDRESS CLTY-ST-ZIP 11. I hereby of indicated	d on this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify to that my signature shall have empowered to execute this	six cin the exithe sam report a	EET ADDRESS Y-ST-ZIP emption stated in S ne legal effect as if	made under oa pler 608, Florid	ith; that I am a mana;	ging membe	ar or manage	stormation or of the	