


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90039 050 ****50.00

DOCUMENT # M02000000737	
1. Entity Name METAMIC L.L.C.	

Principal Place of Business 3033 DRANE FILED ROAD #1 LAKELAND FL 33811	Mailing Address 3033 DRANE FILED ROAD #1 LAKELAND FL 33811
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2. Principal Place of Business 848 Kensing Road	3. Mailing Address 848 Kensing Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33915	Country Polk
Zip 33915	Country Polk

4. FEI Number 80-0019125	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HAYNES, THOMAS G III 3033 DRANE FILED ROAD #1 LAKELAND FL 33806	
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7. Name and Address of New Registered Agent Name Thomas G. Haynes III Street Address (P.O. Box Number is Not Acceptable) 848 Kensing Road City Lakeland FL Zip Code 33915	
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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. Note: Address Change only for registered Agent	
SIGNATURE Thomas G. Haynes III Signature, typed or printed name of registered agent and title if applicable	DATE 7/28/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005	Balance Due \$50.00
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYNES, THOMAS G III 3033 DRANE FILED ROAD #1 LAKELAND FL 33806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO Thomas G. Haynes III 848 Kensing Road Lakeland, FL 33915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: Thomas G. Haynes III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 7/28/05 (063) 709-9448 Daytime Phone #