

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003843

1. Entity Name
LOST WEEKEND, LLC



Principal Place of Business
10975 WHITCOMB STREET
CROWN POINT, IN 46307

Mailing Address
10975 WHITCOMB STREET
CROWN POINT, IN 46307



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1186074

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLTKAMP, ROGER
3685 SEASIDE DRIVE
KEY WEST, FL 33040

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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 BRYNER, JEFF
STREET ADDRESS 10975 WHITCOMB STREET
CITY-ST-ZIP CROWN POINT, IN 46307

TITLE MGR
NAME DESSAUER, JOHN
STREET ADDRESS 12243 S WILLIAMS CT
CITY-ST-ZIP CROWN POINT, IN 46307

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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: *X* *Jeff Bryner* JEFF BRYNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 4-27-05 *X* 219 750 4576
Date Daytime Phone #