


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90148 027 \*\*\*\*50.00

<b>DOCUMENT # M05000000024</b> 1. Entity Name <b>THE WITT-TOUCHTON COMPANY LLC</b>					
Principal Place of Business <b>1700 S. MADDILL AVENUE, SUITE 340 TAMPA, FL 33629-5244</b>			Mailing Address <b>1700 S. MADDILL AVENUE, SUITE 340 TAMPA, FL 33629-5244</b>		
2. Principal Place of Business <b>1700 S. MacDill Avenue</b>		3. Mailing Address <b>1700 S. MacDill Avenue</b>			
Suite, Apt. #, etc. <b>Suite 340</b>		Suite, Apt. #, etc. <b>Suite 340</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>20-2206376</b>	
Zip <b>33629-5244</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				07292005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 C/O HOLLAND &amp; KNIGHT LLP MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM, P, D J. Thomas Touchton 1700 S. MacDill Avenue, Suite 340 Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			VP, T, D John T. Touchton, Jr. 1700 S. MacDill Avenue, Suite 340 Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D Lavinia H. Touchton 1700 S. MacDill Avenue, Suite 340 Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D Lavinia Lee Witt Touchton 1700 S. MacDill Avenue, Suite 340 Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			S Jackie Durfee 1700 S. MacDill Avenue, Suite 340 Tampa, Florida 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>J. Thomas Touchton</i>			Date <b>7/29/05</b> (813) 228-7904		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					