


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003997
 1. Entity Name
 SEMPLASTICS, L.L.C.



Principal Place of Business 724 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114	Mailing Address 724 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



06082005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3677141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, GEORGE D
 724 FENTRESS BOULEVARD
 DAYTONA BEACH, FL 32114

DO NOT WRITE 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005

U00000369356
 06/10/05-80004-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, J. GREGORY 724 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIS, GEORGE A 23 TOMOKE COVE WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARROZZA, ROB 724 FENTRESS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EASTER, WILLIAM 724 FENTRESS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(l), 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: Kennie Willis Kennie Willis 6/8/05 386-673-1048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #