2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 07, 2005 08:00 AM DOCUMENT # L00000009858 **Secretary of State** 1. Entity Name ARNOLD L. NUSSBAUM, L.L.C. Principal Place of Business_ Mailing Address 687 ANDOVER CIRCLE 687 ANDOVER CIRCLE WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 03012005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 10-3428871 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NUSSBAUM, ARNOLD L DO NOT WRITE 687 ANDOVER CIRCLE WINTER SPRINGS, FL 32708 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 Fiorida. 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 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM NUSSBAUM, ARNOLD L NAME 687 ANDOVER CIRCLE STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 U00000253147 03/07/05-80023-005 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NUSS BAUM

CITY-SY-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP