2005 LIMITED LIABILITY COMPANY

SIGNATURE:

MED OR PRINTED NAME

FILED ANNUAL REPORT Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # L01000008525** 1. Entity Name DALÉE ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 4851 W. GANDY BLVD, 7-40 P.O. BOX 130111 TAMPA, FL 33611 TAMPA, FL 33681-0111 02042005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3727821 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEEDY, MONTE J DO NOT WRITE 4851 W. GANDY BLVD TAMPA, FL 33611 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 familier with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered & Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE LEEDY, MONTE J NAME STREET ADDRESS 4851 W. GANDY BLVD, #3-19 CITY-ST-ZIP TAMPA, FL 33611 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 2.4 NAME STREET ADDRESS CITY-ST-ZIP 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 significure 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.

ngning managing member, or authorized representative

813-220-2618