2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

limited liability company or the receiver

SIGNATURE AND TYPED OR PRINTED NAME OF SK

SIGNATURE:

FILED Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # L03000004906 1. Entity Name MARCO LAKE EFFICIENCIES, LLC Principal Place of Business __ Mailing Address 139 MARCO LAKE DR. 139 MARCO LAKE DR. MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 US 03312005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0451312 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BENITO, LUIS 139 MARCO LAKE DR. MARCO ISLAND, FL 34145 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: Rogistered Agent alguature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE BENITO, LUIS NAME 139 MARÇO LAKE DR. STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 TITLE U00000290280 04/06/05-80058-019 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP with this thing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information 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 ustreet progression to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and accurate

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #