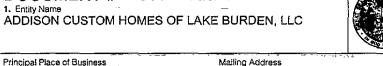
## 2005 LIMITED LIABILITY COMPANY

**FILED** Apr 06, 2005 08:00 AM Secretary of State

| 2003 1.11      | ANNUAL RE      | PORT |
|----------------|----------------|------|
| DOCUMENT #     | # L03000032625 | 5    |
| 1. Entity Name | -              | A    |



DO NOT WRITE IN THIS SPACE

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

9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613

> 01302005 No Chg-LLC CR2E083 (10/03)

Applied For 4. FEI Number 20-0269591 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CRAIGHEAD, DAVID 9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613

SIGNATURE:

9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613\_

## DO NOT WRITE IN THIS SPACE

| the obligat                                    | ions of registered agent.  | nging its registered office of registered agent, or both, in the State of Florida. I am famili   | ar with, and accept                  |
|--|--|--|--------------------------------------|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and tillo if applicable   | (NOTE Registered Agent signature required when reinstating)  DATE  | <del></del> -                        |
| Fi   | ling Fee is \$50.00<br>ue by May 1, 2005   |  | -                                    |
| 9  | MANAGING MEMBERS/MANAGERS  |  |                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>SIMM, DENNIS R<br>9000 GLEN LAKES BLVD<br>BROOKSVILLE, FL 34613   |  |                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>CRAIGHEAD, DAVID<br>9000 GLEN LAKES BLVD<br>BROOKSVILLE, FL 34613   | U00000290272<br>04/06/05-80058-(   | 15 50.00                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP |  | DO NOT WRITE   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | IN THIS SPACE  |                                      |
| TITLS<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  | · —· .                               |
| 11. I hereby of indicated limited liab         | certify that the information supplied with this filing does not ou<br>on this report is true and accurate and that my signature sha<br>bility company or the receiver or trustee empowered to exec | ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the all base the same legal effect as if made under oath; that I am a managing member or it guest this report as required by Chapter 608, Florida Statutes. | at the information<br>nanager of the |