2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

SIGNATURE:

FILED Aug 17, 2005 08:00 AM Secretary of State

105

Daytime Phone ⊭

ANNUAL REPORT				Aug 17, 2005 08:00	
1. Entity Nan	MENT # L99000007	797 		Secr	etary of State
Principal Plac 651 10TH S FAYETTE, AL		Mailing Address 651 10TH STREET, NW - FAYETTE, AL 35555		T 100/F0/2 9/8 18/10 18/11 08/11 08/11 08/1/ 80/1/ 80/1/	80 (1) (10 F) 17 0 (10 10 F) 10 10 F) 11 10 F)
DO NOT WRITE IN THIS SPACE			CE	07152005 No Chg-LLC 4. FEI Number 63-1233812 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable
1200 SOU	6. Name and Address of Current 6 PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324	Registered Agent		DO NOT WRI	
The above the obligation SIGNATURE.	named entity submits this statement for itons of registered agent. Signature, typed or pricted name of registered agent a		ed office or register	ed agent, or both, in the State of FlorIda.	I am familiar with, and accept
Filing Fee is \$50.00 Due by September 7, 2005			U00000376586 08/17/05-80004-006 50.00		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM NEWMAN, STEPHEN G 651 10TH STREET, NW FAYETTE, AL 35555 MGRM NEWMAN, DONNA R 651 10TH STREET, NW FAYETTE, AL 35555	RS/MANAGERS		U8/1 (/U5-8UL	JU4-UU6 SU.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR	
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	this filing does not qualify for the exer hat my signature shall have the same empowered to execute this report as	notion stated in Sec legal effect as if m required by Chapt	ction 119.07(3)(i), Florida Statutes. I furth lade under oath, that I am a managing n er 608, Florida Statutes.	er certify that the information nember or manager of the