2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2005 08:00 AM **DOCUMENT # L99000009294 Secretary of State** 1. Entity Name DENÉB, LLC Mailing Address Principal Place of Business 9625 WES KEARNY WAY PO BOX 5299 RIVERVIEW, FL 33569 TAMPA, FL 33675-5299 01182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3618847 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent HARRIS JR, TRACY J DO NOT WRITE 9625 WES KEARNY WAY RIVERVIEW, FL 33569 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, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MCRM TITLE NAME HARRIS, TRACY JUR STREET ADDRESS 701 INDIANA AVE. PALM HARBOR, FL 34683 1)00000343909 04/29/05-80115-020 50.00 CITY-ST-ZIP MGRM TITLE NAME KEARNEY, BING STREET ADDRESS 911 SEDDON COVE CITY-ST-ZIP TAMPA, FL 33602 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY ST- 78 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 limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

UNG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED