2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 21, 2005 08:00 AM Secretary of State

407-857-2835

Daylime Phone #

1-06-2005

DOCU 1. Entity Nan RTLEE, I			Secretary of State
Principal Place of Business Mailing Address 7050 AUGUSTA NATIONAL DRIVE P.O. BOX 620365 ORLANDO, FL 32822 ORLANDO, FL 32862			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			01062005 No Chg-LLC CR2E083 (10/03) 4. FEI Number
LEE, KATHLEEN S			DO NOT WRITE 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. Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005 01/24/05-80097-012 50.00			
9.	MANAGING MEMBERS/MANAGERS	The second second second	ON A TOTAL STREET
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGR LEE, KATHLEEN S 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822		### ##################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE 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 signature shall have the same legal effect as if made under oain, that I am a managing member or manager of the limited liability company or the receiver of true elempowered to execute this report as required by Chapter 608, Florida Statutes.			

RICHARD T. LEE 1-