2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 19, 2005 08:00 AM **DOCUMENT # M00000001711 Secretary of State** 1. Entity Name CTFLO, L.L.C. Principal Place of Business Mailing Address 4675 SOUTH ORANGE BLOSSOM TRAIL 214 S. ROCK ROAD, STE. 101 ORLANDO, FL 32809 WICHITA, KS 67207 03082005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 48-1226651 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 alguature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000269374 03/19/05-80009-015 50.00 ŷ, MANAGING MEMBERS/MANAGERS MGRM TITLE WILSON ENTERPRISES OF MAINE, INC. NAME STREET ADDRESS 214 SOUTH ROCK ROAD, SUITE 101 CITY-ST-ZIP WICHITA, KS 67207 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

R, OR AUTHORIZED REPRESENTATIVE

3/10/05

316-686-2511

Daytime Phone #

FILED