## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

## FILED Apr 29, 2005 08:00 AM Secretary of State

5. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102  CLEARWATER, FL 33756  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 acceptive obligations of registered agent.  SIGNATURE:  Signature, typed is presed name or registered agent and tile it applicable (NOTE Registered Agent Signature requested when ministrile)  Filling Fee is \$50.00  Due by May 1, 2005  9. MANAGING MEMBERS/MANAGERS  IIIE  MARE  SIRET ADDRESS  CITY-ST-ZP  IIIE  MARE  SIRET ADDRESS  CITY-ST-ZP  IIII  MARE  MARE  MARE  MARE  MARE  SIRET ADDRESS  CITY-ST-ZP  IIII  MARE  MARE  MARE  MARE  MARE  MARE  MARE  MARE  SIRET ADDRESS  CITY-ST-ZP  IIII  MARE  MARE	ANNUAL REPORT				Apr 29, 2003 00:00 F		
DO NOT WRITE IN THIS SPACE    CALA, FL. 34480	1. Entity Nam	e	468		Secre	tary of State	
DO NOT WRITE IN THIS SPACE    According to the process of Current Registered Agent   According to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.    According to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.    According to the purpose of Current Registered Agent   DO NOT WRITE IN THIS SPACE	7747 S.E. 12	2TH CIRCLE	7747 S.E. 12TH CIRCLE		{ } } 	98NA 188N XIBO 9NXI DOSDO NI 1880	
GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756  8. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILING Fee is \$50.00  MANAGING MEMBERS/MANAGERS  TILL  MARE  STREET ADDRESS OTV-57-2P  TILL  MAME  MAM	DO NOT WRITE IN THIS SPA			CE	03022005 No Chg-LLC C	CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional	
the colligations of registered agent.  SIGNATURE  Signature, hyped or pristed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating)  DATE  DDDDDDD344113  Filling Fee is \$50.00  Due by May 1, 2005  9. MANAGING MEMBERS/MANAGERS  TITLE  MGRM  FULLER FAMILY INVESTMENTS LTD PARTNERSHIP  TITLE  ITTLE  INAME  SIREET ADDRESS  CITY-ST-ZP  ITTLE  INAME  SIREET ADDRESS  CITY-ST-ZP  ITTLE  INAME  SIREET ADDRESS  CITY-ST-ZP  ITTLE  INAME  INTHIS SPACE	GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102						
Filing Fee is \$50.00 Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  ITTLE MAGRM FULLER FAMILY INVESTMENTS LTD PARTNERSHIP 7747 SE 12TH CIRCLE OCALA, FL 34480  ITTLE NAME STRET ADDRESS CITY-ST-ZIP  ITTLE NAME IN THIS SPACE	the obligat	ions of registered agent.	· · · · ·				
TITLE NAME STREET ADDRESS CITY- ST- ZP TITLE NAME NAME NAME NAME NAME NAME TITLE NAME TITLE NAME NAME TITLE NAME TITLE NAME NAME				. 000000344119			
TITLE NAME STREET ADDRESS CITY- ST- ZP TITLE NAME NAME NAME NAME NAME NAME TITLE NAME TITLE NAME NAME TITLE NAME TITLE NAME NAME	9.	MANAGING MEMBE	RS/MANAGERS		The second secon	r ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FULLER FAMILY INVESTMENTS 7747 SE 12TH CIRCLE	LTD PARTNERSHIP			· <del>- ·</del>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TITLE NAME STREET ADDRESS						
ether appece	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN THIS SPA	CE	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas Saller May 4 24 05 352-602-4231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Daylino Priorio #