2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 22, 2005 08:00 AM Secretary of State

> 407 8436116 X 342

AMMORE ILEI OM				Sagratary of State
DOCUMENT # L00000011975 1. Enlity Name PRYOR ENTERPRISES LLC			Secretary of State	
8606 BAY H	ce of Business IILL BOULEVARD FL 32879	Mailing Address 8606 BAY HILL BOULEVARD ORLANDO, FL 32879		
C	OO NOT WRITE	IN THIS SPA	CE	07152005No Chg-LLC
	6. Name and Address of Current Re	egistered Agent		
PRYOR, NORMAN D 8606 BAY HILL BOULEVARD ORLANDO, FL 32879				DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered			ed office or register	€.14-05
Filing Fee is \$50.00 Due by September 7, 2005 9. MANAGING MEMBERS/MANAGERS				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRYOR, MARCIÁ A 8606 BAY HILL BOULEVARD ORLANDO, FL 32879	5/MANAGEHS		U00000375914
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE: