2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED Feb 24, 2005 08:00 AM DOCUMENT # L0000001399 1. Entity Name **Secretary of State** GEORGE C. POPE, LLC Principal Place of Business Mailing Address 4601 DUFFER LOOP SEBRING FL 33872 4601 DUFFER LOOP SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State 4, FEI Number Applied For 65-0975539 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPE, GEORGE C Street Address (P.O. Box Number is Not Acceptable) 4601 DUFFER LOOP SEBRING FL 33872 Zip Code 3. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATÈ FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MÉMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE Delete ☐ Change ☐ Addition NAME POPE, GEORGE C NAME 000000242553 02/25/05-80003-019 SQ.00 STREET ADDRESS 4601 DUFFER LOOP STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP TITLE ☐ Delete HHE 🗀 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP THLE Defete HILE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- AP MILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE Delete Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

SERRIE (! TOPE SIGNATURE AND TYPED OF PRINTED NAME

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