2005 LIMITED LIABILITY COMPANY

Jul 22, 2005 8:00 am **Secretary of State** ANNUAL REPORT DOCUMENT # L0000003872 07-22-2005 90056 014 ****50.00 MARY EQUITIES, L.L.C. Principal Place of Business Mailing Address 109 N BRUSH STREET 109 N BRUSH STREET SUITE 500 SUITE 500 TAMPA, FL 33606 TAMPA, FL 33606 CR2E083 (10/03) 07122005 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RYWANT, MICHAEL S DO NOT WRITE 109 N BRUSH STREET SUITE 500 IN THIS SPACE TAMPA, FL 33606 8. The above narped 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 redister 4 agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regi t and title if applicable Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE RYWANT, MICHAEL S NAME STREET ADDRESS 109 N BRUSH STREET CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS Cui y-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

813-224-7007