## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGE

## May 02, 2005 08:00 AM Secretary of State **DOCUMENT # L00000006750** CENTURY MINERALS COMPANY, LLC Principal Place of Business \_Mailing Address 1061 COLLIER CENTER WAY 1061 COLLIER CENTER WAY NAPLES, FL 34110 NAPLES, FL 34110 04292005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 59-3671218 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LESTER, DON E DO NOT WRITE 1061 COLLIER CENTER WAY NAPLES, FL 34110 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, typed or printed name of registered agent and title if applicable (NOTC Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM nne NAME LESTER, DON E 1061 COLLIER CENTER WAY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 U00000358617 05/04/05-80121-012 50.00 NAME STREET ADDRESS CETY - ST - ZIP RILL STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADURESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the ort as required by Chapter 608, Florida Statutes. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report is true and accurate and that my signature shall have the limited liability company or the receiver or trustee empowered to execute this required. I hereby certify that the information sundicated on this report is true and age 259-595-1000 SIGNATURE:

FILED