, 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jan 24, 2005 08:00 AM Secretary of State **DOCUMENT # L00000007332** 1. Entity Name DEBORAH'S ENDEAVOR, L.L.C. Mailing Address Principal Place of Business 1831 SW. IMPORT DRIVE 1831 SW. IMPORT DRIVE PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 01192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1022413 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CACCIAPUOTI, DEBORAH DO NOT WRITE 1831 SW. IMPORT DRIVE PORT ST. LUCIE, FL 34953 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. SIGNATOR DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE CACCIAPUOTI, DEBORAH NAME 1831 SW IMPORT DR. STREET ADDRESS CITY-ST-7IP PORT SAINT LUCIE, FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 exactly eithis report as required by Chapter 608, Florida Statutes.

FILED

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