2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L00000009317 1. Entity Name
JUICE SOURCE, L.L.C. Mailing Address Principal Place of Business 2090 BARTOW HWY PO BOX 1614 LAKELAND, FL 33802 LAKELAND, FL 33801 02142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3659424 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent APLIN, DAVID F DO NOT WRITE 2090 BARTOW HWY LAKELAND, FL 33801 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 Fiorlda. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE NAME APLIN, DAVID F STREET ADDRESS 2090 BARTOW ROAD CITY-ST-ZIP LAKELAND, FL 33801 U00000349853 05/02/05-80081-015 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath, that I am a managing member or manager of the limited liability company or the seceiver 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

FILED