2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2005 08:00 AM **DOCUMENT # L00000014255 Secretary of State** SPIWARD PARCEL, L.L.C. Mailing Address Principal Place of Business 2542 WILLIAMS BLVD. 2542 WILLIAMS BLVD. ATTENTION : LEGAL DEPT KENNER, LA 70062 KENNER, LA 70062 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1491934 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GART, DAVID A DO NOT WRITE 250 AUSTRALIAN AVE. SOUTH, STE. 500 WEST PALM BEACH, FL 33401 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE U00000238916 SPIPOWER, INC NAME 02/22/05-80021-004 55.00 STREET ADDRESS 2542 WILLIAMS BLVD KENNER, LA 70062 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-7P IN THIS SPACE 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)(1). 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:

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

URE: Thomas A. A. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas A. Masicia, JR. 4

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