2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 21, 2005 08:00 AM **DOCUMENT # L00000015305 Secretary of State** 1. Entity Name MID-STATE VENTURES LLC Principal Place of Business Mailing Address 4651 S. ATLANTIC AVE., #9404 4651 S. ATLANTIC AVE., #9404 PONCE INLET, FL 32127 PONCE INLET, FL 32127 03172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2588243 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent BENNETT, GORDON DO NOT WRITE 4651 S. ATLANTIC AVE. #9404 PONCE INLET, FL 32127 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. 1. GOPDON (NOTE: Registered Agent signature required when reinstating) DATE sture, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 9 MANAGING MEMBERS/MANAGERS MGR TITLE BENNETT, GORDON NAME 4651 S ATLANTIC AVE., #9404 STREET ADDRESS #000000272191 03/21/05-80031-008 50.00 CITY-ST-ZIP PONCE INLET, FL 32127 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE NAME STREET ADDRESS CUTY-ST-7/2 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED