2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State DOCUMENT # L01000000279 GO AWAY! RANCH, L.L.C. Principal Place of Business Mailing Address 2011 WEST PLATT STREET 2011 WEST PLATT STREET TAMPA, FL 33606 TAMPA, FL 33606 01032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, TR DO NOT WRITE 2011 WEST PLATT STREET TAMPA, FL 33606 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 MANÁGING MEMBERS/MANÁGERS 9. CEO TITLE YOUNG, TR NAME STREET ADDRESS 2011 WEST PLATT STREET CITY-ST-ZIP TAMPA, FL 33606 U00000352769 05/03/05-80041-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 it 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:

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

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

1.4.04

(813) 251-1525

FILED

Date

Daytime Phone #