NAME STREET ADDRESS

2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 14, 2005 08:00 AM Secretary of State DOCUMENT # L01000000874 1. Entity Name U-SPY, LLC Principal Place of Business Mailing Address 3221 N. ASHLAND AVE., #2W 3221 N. ASHLAND AVE., #2W CHICAGO, IL 60657 CHICAGO, IL 60657 CR2E083 (10/03) 02102005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3692524 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MYERS, PERRY DO NOT WRITE 5227 E. COLONIAL DR., #B ORLANDO, FL 32807 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 regis SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agen) signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGRM --- (100000228643 02/14/05-80046-019 50.00 MYERS, PERRY NAME STREET ADDRESS 3221 N. ASHLAND AVE., #2W CITY-ST-ZIP CHICAGO, IL 60657 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-SI-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.