


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L01000002438 |  |
| 1. Entity Name PIONEERS FOUNDATION, LLC | |

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| Principal Place of Business 8447 WOODBRIAR DRIVE SARASOTA, FL 34238 | Mailing Address 8447 WOODBRIAR DRIVE SARASOTA, FL 34238 |
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04262005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1102132 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MALCOLM, JAMES 8447 WOODBRIAR DRIVE SARASOTA, FL 34238 |
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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.

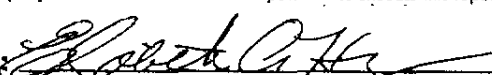
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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAGEN, CRAIG D 8447 WOODBRIAR DR. SARASOTA, FL 34238 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HAGEN, ELIZABETH A 8447 WOODBRIAR DR. SARASOTA, FL 34258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <p>U00000350187 05/02/05-80096-001 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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.

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|---|----------------------------|--------------------------------------|
| SIGNATURE:  | Date: Apr. 29, 2005 | Daytime Phone #: 810.424.9118 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |