2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# L01000008475

Entity Name: VOSE LAW FIRM, LLC

Current Principal Place of Business:

2705 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

527 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

Current Mailing Address:

2705 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

New Mailing Address:

527 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

FEI Number: 59-3724747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOSE, GRETCHEN R.H.
2705 W. FAIRBANKS AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

VOSE, GRETCHEN R.H.
527 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712 US

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.

SIGNATURE: _____ 01/28/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: VOSE, GRETCHEN R H
Address: 2705 W FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VOSE, GRETCHEN R H
Address: 527 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Change (X) Addition
Name: VOSE, WADE C
Address: 527 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GRETCHEN R.H. VOSE MGRM 01/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date