2005 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND

FILED ANNUAL REPORT Jan 14, 2005 08:00 AM Secretary of State DOCUMENT # L01000010024 1. Entity Name GEDESCO L.L.C. Principal Place of Business Mailing Address 1960-12 NORTH COMMERCE PKWY 1960-12 NORTH COMMERCE PKWY WESTON, FL 33326 WESTON, FL 33326 01052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 60-1159383 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AYUBL, GERMAN E 2036 QUAIL ROOST DRIVE WESTON, FL 33327 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50,00 Due by May 1, 2005 HODDOO 18080S 01/14/85-00022-001 50.98 MANAGING MEMBERS/MANAGERS 9 MGR TITLE AYUBI, GERMAN E NAME STREET ADDRESS 2036 QUAIL ROOST DRIVE CITY-ST-ZIP WESTON, FL 33327 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 ilmited liability company or the receiver or trustee empowered to execute this prort as required by Chapter 608, Florida Statutes.

MBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #