2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 18, 2005 08:00 AM **DOCUMENT # L01000010779 Secretary of State** 1. Entity Name LINESIDER, L.L.C. Principal Place of Business Mailing Address 5 ISLAND PARK PLACE, UNIT 308 5 ISLAND PARK PLACE, UNIT 308 DUNEDIN, FL 34698 DUNEDIN, FL 34698 01152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3729874 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARSON, ROGER A DO NOT WRITE 911 CHESTNUT STREET CLEARWATER, FL 33756 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50,00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME LARSON, ROGER A STREET ADDRESS 5 ISLAND PARK PLACE, UNIT 308 DUNEDIN, FL 34698 CITY-ST-7IP MGRM TITLE LARSON, MELINDA NAME UD0000184675 5 ISLAND PARK PLACE, UNIT 308 STREET ADDRESS 01/20/05-80039-012 50.0n DUNEDIN, FL 34698 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 127-461-1818

IG MANAGING MEMBER, OP AUTHORIZED REPRESENTATIVE

FILED