2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2005 08:00 AM DOCUMENT # L01000011782 **Secretary of State** BRACEWELL ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 202 RAILROAD AVE. P.O. BOX 1484 BUNNELL, FL 32110 BUNNELL, FL 32110 03122005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 20-0319887 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRACEWELL, RHONDA DO NOT WRITE 202 RAILROAD AVE. BUNNELL, FL 32110 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_____Signature, typed or printed neme of registered agent 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 MGR TITLE NAME BRACEWELL, RHONDA STREET ADDRESS 202 RAILROAD AVE. CITY-ST-ZIP BUNNELL, FL 32110 TITLE MGR DILLS, DOROTHY NAME 1103 E MAGNOLIA AVE STREET ADDRESS 000000263135 03/14/05-80085-004 50.00 CITY-ST-ZIP BUNNELL, FL 32110 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

Rhanda SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE