2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Feb 07, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nan SU-SEA-		3349	Secretary of State
Principal Plac	ce of Business	Mailing Address	
709 SE 5TH ST PO BOX 2714 STUART, FL 34994 STUART, FL 34995			
<u> </u>		<u> </u>	
			as eyes s
DO NOT WRITE IN THIS SPACE		IN THIS SPACE	02042005 No Chg-LLC
		and the second of the second o	65-1129961 Not Applicable
	The second secon		5. Certificate of Status Desired
	6. Name and Address of Current		
LARAWAY, BRUCE 57 E. SEMINOLE SR. STUART, FL 34994			DO NOT WRITE
			IN THIS SPACE
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its registered office	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and life if anning the (NOTE Registered Angot size)	abure required when reinstating) DATE
D	iling Fee is \$50.00 ue by May 1, 2005		•
AULTE TULTE	MANAGING MEMBE	ERS/MANAGERS	02/08/03-80001-013 50.00 \
NAME	LARAWAY, BRUCE		
STREET ADDRESS	574 SEMINOLE ST.	•	
CITY-ST-ZIP	STUART, FL 34994		
TITLE NAME	MGRM WAY, GEORGE E		
STREET ADDRESS	406 COBBLESTONE DR.	Į.	
CITY-ST-ZIP	COLORADO SPRINGS, CO 809	906	
TITLE			
NAME STREET ADDRESS		ĺ	
CITY-ST-ZIP			DO NOT WRITE
TITLE			IN THIS SPACE
NAME			III IIIIO OI AOL
STREET ADDRESS CITY-ST-ZIP		j	
TITLE	70.		
NAME		ł	}
STREET ADDRESS		i	
CITY-ST-ZIP			
TITLE NAME		1	
STREET ADDRESS		1	
CITY-ST-ZIP			A PARAMETER AND A STATE OF THE
 I hereby condicated limited liab 	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for the exemption stated that my signature shall have the same legal effective appropriate required a property of the same legal of the same lega	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information act as if made under oath; that I am a managing member or manager of the by Chapter 608. Florida Statutes.