2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 18, 2005 08:00 AM **DOCUMENT # L01000014027 Secretary of State** 1. Entity Name **ECOLIVING, LLC** Principal Place of Business Mailing Address 8371 42ND AVE N 8371 42ND AVE N ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL 33709 US 01132005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3743907 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOVOA, KALIKA DO NOT WRITE 8371 42ND AVE N ST. PETERSBURG, FL 33709 IN THIS SPACE 4. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ΠΠF NOVOA, KALIKA NAME STREET ADDRESS 8371 42ND AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE 11000001184899 NAME U1/20/05-80039-023 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CTTY-ST-ZIP THIS F 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.