2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Mar 03, 2005 08:00 AM DOCUMENT # L01000018397 Secretary of State 1. Entity Name VOLUNTEER MITI-GATORS, LLC Principal Place of Business Mailing Address **2980 25TH STREET 2980 25TH STREET** FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 02072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1147129 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KLEIN, ROBERT N DO NOT WRITE 805 VIRGINIA AVE STE 25 FORT PIERCE, FL 34982 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 name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS U00000250341 MGR TITLE 03/04/05-80006-019 50.00 TERPENING, JAMES P NAME STREET ADDRESS **2980 25TH STREET** CITY-ST-ZIP FORT PIERCE, FL 34982 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daylime Phone #

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

SIGNATURE: