2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # L01000019986** 04-20-2005 90033 046 ****50.00 1. Entity Name TONYA, LLC Principal Place of Business Mailing Address 12101 CRESCENT COVE CT. 12101 CRESCENT COVE CT. 20038628 WINDERMERE, FL 34786 -WINDERMERE, FL 34786 CR2E083 (10/03) 04022005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JACQUELINE BOZZUTO 215 NORTH EQLA DRIVE ORLANDO, FL 32801 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 title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE RIVERS, JOHNNY SR NAME STREET ADDRESS 12101 CRESCENT COVE CT WINDERMERE, FL 34786 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS

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.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREST ADDRESS CITY-ST-ZIP

AND YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

FILED

Daytime Phone #