

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 24, 2005  
Secretary of State**

DOCUMENT# L01000020731

Entity Name: FLORIDA INVESCO, LLC

**Current Principal Place of Business:**

2365 CENTERVILLE RD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14918  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 36-4483555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FORD DANIELS, BOBBYE  
2442 BUTTONBUSH COURT  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: DANIELS, BOBBYE F  
Address: 2442 BUTTONBUSH COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM      ( ) Delete  
Name: WHETSEL, JOHN  
Address: 2127 GOLDEN EAGLE DRIVE W  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BOBBYE FORD DANIELS

MGRM

04/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date