2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000022072

1. Entity Name PALM BAY, LLC



Principal Place of Business

Mailing Address

803 N. CALHOUN ST. TALLAHASSEE, FL 32303 803 N. CALHOUN ST.

TALLAHASSEE, FL 32303 US

FILED

Feb 28, 2005 08:00 AM Secretary of State

02012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0032766 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MACK, THEODORE E 803 N. CALHOUN ST. TALLAHASSEE, FL 32303

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| . The above named entity submits this statement for the purpo | se of changing its registe | red office or registered age | nt, or both, in | the State of Florida. | I am familiar with, and ac | cept |
|---|----------------------------|------------------------------|-----------------|-----------------------|----------------------------|------|
| 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)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

| 9. | MANAGING MEMBERS/MANAGERS | | | | |
|---------------------------------------|---|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MACK, THEODORE E 803 N CALHOUN ST TALLAHASSEE, FL 32303 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HINSON, JERRY W 803 N CALHOUN ST TALLAHASSEE, FL 32303 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JANSENIUS, ANNETTE B 803 N CALHOUN ST TALLAHASSEE, FL 32303 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | | | |

UCOQOC247120 USAC1705-80009-016 50.00

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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 cath, 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.

Jerry Hinsøn, Manager

SIGNATURE: ____

NAME STREET ADDRESS CITY-ST-ZIP

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

02/15/2005

850-638-4654

Daytime Phone #