2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2005 08:00 AM Secretary of State **DOCUMENT # L01000022191** MARGARET A. RYDER, L.L.C. Mailing Address Principal Place of Business 180 NORTH RACETRACK ROAD 8140 HONEYBEE LANE OLDSMAR, FL 34677 **TAMPA, FL 33635** 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0006394 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RYDER, MARGARET 8140 HONEYBEE LANE TAMPA, FL 33635 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstalling) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE **MGRM** U00000222521 02/10/05-80004-009 50.00 RYDER, MARGARET A NAME 8140 HONEYBEE LANE STREET ADDRESS TAMPA, FL 336359781 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

Margaret R SIGNING MANAGING MEMBEN, OR AUTHORIZED REPRESENTATIVE Daytime Phone #