2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2005 08:00 AM Secretary of State DOCUMENT # L02000002837 1. Entity Name T.L.C. HOME WATCH, LLC Principal Place of Business Mailing Address 8264 ALLEDALE COURT 8264 ALLEDALE COURT NAPLES, FL 34120 NAPLES, FL 34120 03262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAY, CAMILLE D DO NOT WRITE 8264 ALLEDALE COURT NAPLES, FL 34120 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, typed or printed name of registered agent and life if applicable " DATE (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 U000000355703 Due by May 1, 2005 /04/05-80004-020 50. MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MURRAY, CAMILLE D MAME STREET ADDRESS 8264 ALLENDASE COURT CITY-ST-ZIP NAPLES, FL 34120 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADURESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empoweded to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

ROBERT COHEN, CPA, .

3120 Philmont Avenue Huntinadon Vellau DA 1000

FILED