2005 LIMITED LIABILITY COMPANY ___ ANNUAL REPORT

Mar 24, 2005 08:00 AM Secretary of State **DOCUMENT # L02000003183** 1. Entity Name TERNBUX, LLC Principal Place of Business Mailing Address 7610 U.S. HIGHWAY 41 NORTH 7610 U.S. HIGHWAY 41 NORTH PALMETTO, FL 34221 PALMETTO, FL 34221 02092005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0406611 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE LYERLY, JAMES S 7610 US HWY 41 NORTH PALMETTO, FL 34221 IN THIS SPACE 3. 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 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 LYERLY, JAMES S NAME STREET ADDRESS 7610 US HWY 41 NORTH CITY-ST-7/P PALMETTO, FL 34221 U00000274634 TITLE 03/24/05-80019-021 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP THE NAME STREET ADDRESS CITY-ST-ZIP 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 tune 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 ilmited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED