_2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Jan 12, 2005 08:00 AM Secretary of State

910-574-2502

| DOCU t. Entity Nar GIGAPIX | | 377 | | Secretary of State | | |
|---|--|--|----|--|--|--|
| 6337 BENT | ce of Business TREE DR LE, NC 28314 | Mailing Address 6337 BENT TREE DR FAYETTEVILLE, NC 28314 | | | | |
| E | OO NOT WRITE | IN THIS SPA | CE | 01082005 No Chg-LLC CR2E083 (10/03) 4. FEI Number | | |
| BRUNO, LYNN 5408 ROWE TR PENSACOLA, FL 32571 BRUNO, LYNN 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 Signature, typed or printed name of registered agent and wile if applicable. (NOTE. Registered Agent signature required when reinstituting) DATE Filling Fee is \$50.00 Due by May 1, 2005 | | | | | | |
| 9. 11TLE | MANAGING MEMBER | RS/MANAGERS | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | FANNING, ROBERT C 6337 BENT TREE DR FAYETTEVILLE, NC 28314 | | | U00000178344 01/12/05-80024-003 50.00 | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | | | | IN THIS SPACE | | |
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| TITLE 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 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. | | | | | | |