2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # L02000004480 1. Entity Name LEAR CAPITAL, LLC Principal Place of Business Mailing Address 377 CITATION POINT **377 CITATION POINT** NAPLES, FL 34104 US NAPLES, FL 34104 US 03222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3616193 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSCONE, MARK P DO NOT WRITE 2144 HARLANS RUN NAPLES, FL 34105 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 Speciature, 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 MOSCONE, MARK P NAME 2144 HARLANS RUN STREET ADDRESS NAPLES, FL 34105 CRY-ST-ZIP TITLE G0HUUUU299283 NAME 04/11/05-80099-025 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 accurate this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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