

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004666

Entity Name: TUNAEP CAPITAL, LLC

FILED
Jan 15, 2005
Secretary of State

Current Principal Place of Business:

7217 49TH PLACE E.
PALMETTO, FL 34221

New Principal Place of Business:

5515 90TH AVENUE CIRCLE EAST
PARRISH, FL 34219

Current Mailing Address:

7217 49TH PLACE E.
PALMETTO, FL 34221

New Mailing Address:

P.O. BOX 376
ELLENTON, FL 34222

FEI Number: 35-2163805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIRE, DAVID
7217 49TH PLACE E.
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

SPIRE, DAVID
5515 90TH AVENUE CIRCLE EAST
PARRISH, FL 34219 US

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.

SIGNATURE: DAVID SPIRE

01/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SPIRE, DAVID
Address: 7217 49TH PL. E.
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: SPIRE, MELANIE
Address: 7217 49TH PL. E.
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPIRE, DAVID
Address: 5515 90TH AVENUE CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

Title: MGR (X) Change () Addition
Name: SPIRE, MELANIE
Address: 5515 90TH AVENUE CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: DAVID SPIRE

MGR

01/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date