


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # L02000007591 1. Entity Name FULLMARKS, LLC |  |
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|---|---|
| Principal Place of Business 6224 NORTH NINTH AVENUE PENSACOLA, FL 32504 | Mailing Address 6224 NORTH NINTH AVENUE PENSACOLA, FL 32504 |
|---|---|

DO NOT WRITE IN THIS SPACE



04112005No Chg-LLC

CR2E083 (10/03)

| | |
|--|--|
| 4. FEI Number 02-0579483 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FARRINGTON, WILLIAM E II 307 SOUTH PALAFOX STREET PENSACOLA, FL 32501 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

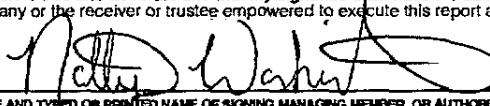
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JONES, ROY JR. 403 SOUTH PALAFOX STREET PENSACOLA, FL 32501 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WASHINGTON, NATLYN 697 BROAD STREET PENSACOLA, FL 32534 |
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04/19/05-80036-007 50.00

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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.

SIGNATURE:  **4-13-05 (850) 478-2274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #