2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED **ANNUAL REPORT** Feb 11, 2005 08:00 AM DOCUMENT # L02000009736 . . . **Secretary of State** 1. Entity Name F & L ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 136 INDIAN BAYOU DRIVE 136 INDIAN BAYOU DRIVE DESTIN, FL 32541 DESTIN, FL 32541 02072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0863851 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRELL, EDWARD S DO NOT WRITE 136 INDIAN BAYOU DRIVE DESTIN, FL 32541 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 title if applicable (NOTE: Registered Agent signature required when minstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM U00000225623 02/11/05-80049-001 50.00 LEFLER, JOHN D NAME 108 INDIAN BAYOU DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 MGRM FERRELL, EDWARD S NAME STREET ADDRESS 136 INDIAN BAYOU DRIVE CITY-ST-ZIP DESTIN, FL 32541 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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.

NINTED NAME OF SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE