2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012097

1. Entity Name
ALUDRA,LLC

Principal Place of Business	Mailing Address
9625 WES KEARNEY WAY RIVERVIEW, FL 33569	PO BOX 5299 TAMPA, FL 33675-5299

DO NOT WRITE IN THIS SPACE

01182005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
03-0449592	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, TRACY J JR
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARRIS, TRACY J JR
STREET ADDRESS	701 INDIAN AVE.
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	MGRM
NAME	KEARNEY, BING
STREET ADDRESS	911 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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— 04/29/05-80115-023 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: _____   4/27/05   813 631-7454

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