2005 LIMITED LIABILITY COMPANY

| | ANNUA | L REPORT | | _ | | | |
|---|--|--|--|---|--------------|---|--|
| DOCUMENT # L02000018849 1. Entity Name CENTS OF SECTIONAL LLC | | | | FILED | | | |
| GENESIS RESEARCH INTERNATIONAL, LLC | | | | 05 MAY 11 AM 9: 50 | | | |
| Principal Place of Business Mailing Address 280 WEKIVA SPRINGS RD. 280 WEKIVA SPRINGS RD. | | | SEUNLIAKT OF STATE TALLAHASSEE, FLORIDA | | | | |
| SUITE 107 LONGWOOD, FL 32779 US SUITE 107 LONGWOOD, FL 32779 US | | | | | | | |
| do not write in this spa | | | OE. | 04052005 No Chg-LLC | | 1000 1000 1100 1100 11 1100 E083 (10/03) | |
| | | | | 4. FEI Number | | Applied For | |
| | | | | 20-000554 5. Certificate of Status Desired | | \$5.00 Additional | |
| | 6. Name and Address of Curren | nt Registered Agent | <u> </u> | Gr. Serimodio et Gidias Basinas | <u> </u> | Fee Required | |
| PORTEN, JUDITH A 280 WEKIVA SPRINGS ROAD | | | | DO NOT WANTE | | | |
| 107 LONGWOOD, FL 32779 | | | | in this space | | | |
| the obligat | named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age tilling Fee is \$50.00 ue by May 1, 2005 | for the purpose of changing its register that and the it applicable. (NOTE: Register) | ed office or register | | orida. I arr | n familiar with, and accept | |
| 9. | MANAGING MEMI | BERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TAMAYO, RAUL E MD 280 WEKIVA SPRINGS ROAD, LONGWOOD, FL 32779 MGRM PORTEN, JUDITH A 280 WEKIVA SPRINGS ROAD, LONGWOOD, FL 32779 | | - | 800054 05/20/050100 | 873 301 | 3458 0 **250.00 | |
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| TITLE NAME STREET ADDRESS | | | | | \$ | 95/18 | |

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.

CITY-ST-ZIP

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