

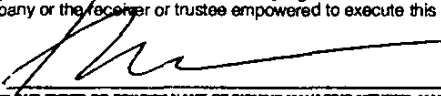


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90029 014 \*\*\*\*55.00

<b>DOCUMENT # L02000019526</b> 1. Entity Name <b>MYSTYK LIMITED LIABILITY COMPANY</b>			
Principal Place of Business <b>12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269</b>		Mailing Address <b>12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269</b>	
2. Principal Place of Business <b>9481 S.W. HULL AVE</b>		3. Mailing Address <b>9481 S.W. HULL AVENUE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>FORT OGDEN, FL</b>		City & State <b>FORT OGDEN, FL</b>	
Zip <b>34267-0144</b>		Zip <b>34267-0144</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>11-3648780</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		05022005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>THOMAS, ROBERT C 12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269</b>		7. Name and Address of New Registered Agent Name <b>THOMAS, ROBERT C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>21399 EDGEWATER AVE</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33952</b>	
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 		<b>ROBERT C. THOMAS</b>	
Signature, typed or printed name of registered agent and title if applicable.		DATE <b>5/2/05</b>	
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM THOMAS, ROBERT C 12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM THOMAS, ROBERT C. 21399 EDGEWATER DR PORT CARLOTTE, FL 34269</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM EARLE, RONALD J 4950 CEDAR HAMMOCK COURT FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM NOBLES, GERALD 9481 S.W. HULL AVENUE FORT OGDEN, FL 34267-0144</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM NOBLES, GERALD 9481 S.W. HULL AVENUE FORT OGDEN, FL 34267</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.			
<b>SIGNATURE:</b> 		<b>ROBERT C. THOMAS</b>	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date <b>5/2/05</b>	
		Daytime Phone # <b>239-694-2700</b>	