2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR

Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # L02000021089** 1. Entity Name LEIBRA, LLC Principal Place of Business Mailing Address 615 WOODHAVEN DRIVE 615 WOODHAVEN DRIVE OPP, AL 36467 OPP, AL 36467 03212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. I'll Number 16-1623962 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BRANNON, GEORGE T SR. DO NOT WRITE 14 CLAYTON LANE SUITE 14 IN THIS SPACE GRAYTON BEACH, FL 32459 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 rehotating) DATE Filing Fee is \$50.00 Due by May 1, 2005 U000000319294 '20/05-80093-011 9, MANAGING MEMBERS/MANAGERS TITLE MGR SULLIVAN, JIM NAME 615 WOODHAVEN DR. STREET ADDRESS CITY-ST ZIP OPP, AL 36467 TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE MALIF STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

RINTED NAME OF SIGNING MANAGING WEMBER, OR AUTHORIZED REPRESENTATIVE

FILED