2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME

FILED Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # L02000025529 1. Entity Name P.M. MARCOTT GROVE, L.L.C. Principal Place of Business Mailing Address 1558 WATERWITCH DR. 1558 WATERWITCH DR. ORLANDO, FL 32806 ORLANDO, FL 32806 02132005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1437670 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KREUTER, WILLIAM E DO NOT WRITE 3117 EDGEWATER DR. ORLANDO, FL 32804 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 g. MANAGING MEMBERS/MANAGERS MILE MGR JOHNSON, MELVIN MARKE STREET ADDRESS 1558 WATERWITCH DR. U00000318870 -04/20/05-80076-002 50.00 1 CITY-ST-ZIP ORLANDO, FL 32806 सारा स NAME STREET ADDRESS CMY-ST-7/P TANK BINGS OF IN INCOME STATE STATE OF THE COLUMN SALES OF THE TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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