2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OF AUTHORIZED REPRESENTATIVE

FILED Apr 27, 2005 8:00 am Secretary of State

Date

Daytime Phone #

Making Address Making Address Suite, Apr. # 100. Suite, Apr. # 2. Pincipal Place of Business Suite, Apr. # 400. City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	DOCUMENT # L02000026292 1. Entity Name LAURIE & DAVID OATES, LLC							04-27-2005 90	0043 001 :	****50.0	0	
Suite	11722 CURRIE LANE, #F2			11722 CURRIE LANE, #F2								
City & State City	2. Principal Place of Business			3. Mailing Address								
Zip	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03212005	Chg-LLC	CR2E08	3 (10/03)		
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name and Address of New Registered Agent Name	City & State			City & State								
MAILEY, ANNE M ESQUIRE 1230 SOUTH MYRTLE AVENUE, SUITE 105 CLEARWATER, FL 33756 8. The above named erisky submits this statement for the purpose of charging 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 City FL Zip Code	Zip		Country	Zip Count		try	5. Certificate	of Status Desired				
MALLEY, ANNE M ESQUIRE 1230 SOUTH MYRTLE AVENUE, SUITE 105 City FL Zip code City FL Zip code City FL Zip code City FL Zip code The above named eristy 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 Filling Foe is \$50,00 Plant Schools Plant Sch		6. Name	and Address of Current R				7. Name and	Address of New F	legistered A	gent		
Elity FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature to registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature to registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature to registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the prediction of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the prediction of registered agent and its # spokes of registered agent, or both, in the State of Florida Delan lamiliar with and accept the prediction of registered agent and accept t	1230 SOU	LE AVENUE, SUITE	105									
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		certify that the	he information supplied with ont is true and accorate and	this filing does not qualify to that my signature shall have			in Section 119.07(3)(i), Florida Statutes. th; that I am a mana	I further cert ging membe	ify that the it r or manage	nformation or of the	