2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L02000029150

Entity Name: TAMCO, L.L.C.

Current Principal Place of Business:

1340 E. VINE ST., STE. 216
KISSIMMEE, FL 34744

New Principal Place of Business:

2700 W ATLANTIC BLVD
234-248
POMPANO BEACH, FL 33069

Current Mailing Address:

P.O. BOX 420059
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 06-1642858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPIER, VANCE
1340 E. VINE ST., STE. 216
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

NAPIER, VANCE
2700 W ATLANTIC BLVD
234-248
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: _____ 05/02/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: NAPIER, VANCE E MGR
Address: BOX 420059
City-St-Zip: KISSIMMEE, FL 34742 US

Title: MGR ( ) Delete
Name: NAPIER, DEBRA R MGR
Address: BOX 420059
City-St-Zip: KISSIMMEE, FL 34742 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: VANCE NAPIER MGR 05/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date