## 2005, LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 25, 2005 08:00 AM Secretary of State DOCUMENT # L02000029279 SUPERTRADER REAL ESTATE HOLDING COMPANY. LLC Principal Place of Business Mailing Address 1551 E. SEMORAN BOULEVARD P.O. BOX 4400 APOPKA, FL 32704 APOPKA, FL 32704 01172005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3619944 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE LEE, GREGORY D 215 NORTH EOLA DRIVE ORLANDO, FL 32801 IN THIS SPACE 3. 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. (NOTE: Registered Agent a gnature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MULLINAX, GERALD L NAME 7611 TEARWOOD PL STREET ADDRESS . U00000194943 /26/05-80007-019 50.00 CITY-ST-ZIP MOUNT DORA, FL 32757 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407-889-7601