2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031236

FILED May 31, 2005 08:00 AM Secretary of State

| 1. Entity Nan COMMAI | NDER, LLC | | | | | |
|---|---|--|-------------------------------|--|--|--|
| 1 | e of Business BOULEVARD 32550 | Mailing Address P.O. BOX 6700 DESTIN, FL 32550 | | | TUSA IINI ING NTRA ING ANDA NG MAN | |
| DO NOT WRITE IN THIS SPACE | | | CE | 02092005 No Chg-LLC | | |
| | | | _ | 4. FEI Number 54-2088904 5. Certificate of Status Desired | Not Applicable \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEARCE, R P JR. 630 GRAND BOULEVARD DESTIN, FL 32550 | | | DO NOT WRITE 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 Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | | |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBI MGRM PEARCE, R.P. JR 10859 EMERALD COAST PKW DESTIN, FL 32550 MGRM PEARCE TRUST P.O. BOX 6755 DESTIN, FL 32550 | | | U00000 05/31/05- | 368788 80017-005 100.00 | |

DO NOT WRITE IN THIS SPACE

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

NAME STREET ADDRESS

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

CITY-ST-ZIP

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