2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# L02000031719

Entity Name: BODINE REAL ESTATE INVESTMENTS - FLORIDA, LLC

Current Principal Place of Business:

700 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 66024
ST. PETE BEACH, FL 33736 US

New Mailing Address:

FEI Number: 56-2306916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRIPPEN, DAVID W
700 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	BODINE GROUP HOLDING, COMPANY	
Address:	P O BOX 460	
City-St-Zip:	COLLIERVILLE, TN 38027 US	
Title:	MGRM	( ) Delete
Name:	CRIPPEN, DAVID W	
Address:	700 PASS-A-GRILL WAY	
City-St-Zip:	ST. PETE BEACH, FL 33706 US	
Title:	MGRM	( ) Delete
Name:	LYONS, ALPHA L	
Address:	P O BOX 460	
City-St-Zip:	COLLIERVILLE, TN 38027 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALPHA L. LYONS MGRM 03/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date