## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** May 02, 2005 08:00 AN Secretary of State **DOCUMENT # L03000001948** 1. Entity Name THE TUMBLEBUS, LLC Mailing Address Principal Place of Business 4410 WEST CREST AVE. 4410 WEST CREST AVE. TAMPA, FL 33614 TAMPA, FL 33614 04222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0927871 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SULLIVAN, STEPHEN C DO NOT WRITE 315 S. HYDE PARK AVENUE TAMPA, FL 33606 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 title if applicable. (NOTE Registered Agent signature reduited when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 --- MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CUFFE, CRAIG NAME STREET ADDRESS 4410 WEST CREST AVE. TAMPA, FL 33614 CITY-ST-ZIP 1100000358845 704705-80130-020 50.00 MGRM TITLE DUBOIS, JOHN NAME STREET ADDRESS 4410 WEST CREST AVE. CITY-ST-ZIP TAMPA, FL 33614 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE