2005 LIMITED LIABILITY COMPANY __ANNUAL REPORT

SIGNATURE:

Mar 05, 2005 08:00 AM Secretary of State **DOCUMENT # L03000004998** 1. Entity Name RUDICO, LLC Principal Place of Business Mailing Address 1056 N. LEAVITT AVE 1056 N. LEAVITT AVE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 01052005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0046530 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RUDIS, CHARLES E DO NOT WRITE 1056 N. LEAVITT AVE ORANGE CITY, FL 32763 IN THIS SPACE \$. 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. J am familiar with, and accept the obligations of regis OS SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE RUDIS, CHARLES E NAME STREET ADDRESS 1056 N LEAVITT AVE. CITY-ST-7/P ORANGE CITY, FL 32763 ШЩ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP IIILE NAME STREET ADDRESS CRY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate any 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.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED