2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Jul 11, 2005 08:00 AM Secretary of State

ANIMOND REFORM			Socretary of State
DOCU 1. Entity Nar BINNEW	MENT # L03000005817		Secretary of State
Principal Plac	ce of Business Mailing Address	 :	
P.O. BOX 12			·
CLERMONT,			
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		CE	07082005 No Chg-LLC CR2E083 (10/03)
	OO NOT WRITE IN THIS SPA		4. FEI Number Applied For
,			NOT APPLICABLE Not Applicable
			SE OO Additional
			5. Certificate of Status Desired Fee Required
	5. Name and Address of Current Registered Agent	T	
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JOSEPH, MORGANELLI			DO NOT WRITE
12724 SPRING RUN			DO NOT WHITE
CLERMONT, FL 34711			IN THIS SPACE
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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 tale if applicable. (NOTE, Registered Agent signature required when refusaling) DATE			
Filing Fee is \$50.00 Due by September 7, 2005			
bue by deptember 1, 2000			
9,	MANAGING MEMBERS/MANAGERS	Ŧ	
DILE	MGRM	·	· .
NAME	MORGANELLI, JOSEPH	Ĩ	·
STREET ADDRESS	P.O. BOX:121659	· }	
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	certify that the information supplied with this filling does not disalify for the eye	motion stated in Sec	ction 119.07(3)(f). Florida Statutes i further certify that the information
11. I hereby certify that the information supplied with this filing does not dualify 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 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 jeceivey or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.			