## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURES

SIGNATURE AN

## FILED Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # L03000007642 1. Entity Name REBEL ENTERPRISES, LLC Principal Place of Business Mailing Address 1475 FINLEY DRIVE 1475 FINLEY DRIVE PENSACOLA, FL 32514 PENSACOLA, FL 32514 CR2E083 (10/03) 04132005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 86-1055924 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STACKHOUSE, HARRY B DO NOT WRITE 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32501 IN THIS SPACE 3. 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 required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LEE, GARY U00000344381 04/23/05-80135-010 50.00 NAME STREET ADDRESS 1475 FINLEY DRIVE CITY-ST-ZIP PENSACOLA, FL 32514 MGRM TITLE LEE, JENNIFER B NAME 1475 FINLEY DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32514 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

850-476-8291