2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jul 11, 2005 08:00 AM Secretary of State DOCUMENT # L03000013295 1. Entity Name EPIC HOLDINGS SOUTH, LLC Principal Place of Business Mailing Address 139 BAYSIDE DR. 139 BAYSIDE DR. CLEARWATER BEACH, FL 33767 CLEARWATER BEACH, FL 33767 07072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 86-1050936 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ZIOLA, THOMAS 139 BAYSIDE DR. CLEARWATER BEACH, FL 33767 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. (NOTE Registered Agent signature required when roinstating) Signature, typed or printed name of registered agent and tille if applicable Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS g. TITLE ZIOLA, THOMAS NAME STREET ADDRESS 139 BAYSIDE DR. CITY-ST-ZIP CLEARWATER BEACH, FL 33767 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

> homas Ziola Date

*7x7-444-446*0 Daytime Phone #