2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

 I hereby certify that the information indicated on this report is true and limited liability company of the rep

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # L03000013755 UNITED JAMAICAN AMERICAN CITIZENS' ASSOCIATION, Principal Place of Business_ . Mailing Address 851 STATE ROAD 436, STE. 1043 851 STATE ROAD 436, STE. 1043 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 04292005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2352114 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent F & L CORP. DO NOT WRITE ONE INDEPENDENT DRIVE **SUITE 1300** IN THIS SPACE JACKSONVILLE, FL 32202 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE BASTIEN, KENY F NAME STREET ADDRESS 851 WEST STATE ROAD 436 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32765 __U00000358459 05/04/05-80114-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 TITUE NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information 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 under my signature of the exemption of the provided to execute this report as required by Chapter 608, Florida Statutes.

or- 21- 01

Daytime Phone

FILED