FILED May 27, 2005 8:00 am Secretary of State 04-29-2005 90049 003 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4
Secretary
04-29-2005 90049

Major Additions Into PONTO WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE October 10 September 1 Se	1. Entity Name	MENT # L030000144 ERPRISES, LLC	430		04-25-2003 90045 003	
DO NOT WRITE IN THIS SPACE A FEI Number Applied For A Applied For Applied	1100 POINT OF ROCKS ROAD 1100 POINT OF ROCKS ROAD				30,007794	
DO NOT WRITE IN THIS SPACE 8. The above normed entity submits this statement for the purpose of changing its registered againt, or both, in the State of Ficide. I am familiar with, and accept the obligations of majorish again. 8. The above normed entity submits this statement for the purpose of changing its registered againt, or both, in the State of Ficide. I am familiar with, and accept the obligations of majorish again. 8. The above normed entity submits this statement for the purpose of changing its registered againt, or both, in the State of Ficide. I am familiar with, and accept the obligations of majorish again again and accept the obligations of majorish again again and accept the obligations of majorish again a					04132005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applied Por Not Applied Por Status Desired S5.00 Additional	
SIGNATURE Signature Experience of a created agent and a government agent area to the appropriate agent and agent appropriate agent and agent appropriate agent ag	1100 POIN	APRIL IT OF ROCKS ROAD	egistare Agent			
9. MANAGING MEMBERS/MANAGERS ITILE MARE LARSEN, APRIL 1100 POINT OF ROCKS ROAD SARASOTA, FL 34241 ITILE NAME SIRER ADDRESS CITY-SI-IP ITILE NAME SIRER ADDRE	signature 1 Rif dar MGR/registered agent 4/14/05					
ITILE MAKE LARSEN, APRIL SIDER MORES GITY-ST-2P SARASOTA, FL 34241 ITILE MAKE SITERI ADDRESS CITY-ST-2P TILE MAKE MAK						
indicated on this report is true and securate 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 reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARSEN, APRIL 1100 POINT OF ROCKS ROAD	IS/MANAGERS			