2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L03000021117

Entity Name: V-MOBILE LLC, A FLORIDA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1900 RINGLING BLVD
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1900 RINGLING BLVD
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-1195931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERSON, EFFIE
2545 BAHIA VISTA
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

MACLEOD, GARY
6114 GLEN ABBEY LANCE
BRADENTON, FL 34202-973 US

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.

SIGNATURE: GARY MACLEOD 06/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MACLEOD, GARY
Address: C/O 1900 RINGLING BLVD.
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR ( ) Delete
Name: HARRIS, RONALD I
Address: 6784 CASA GRANDE WAY
City-St-Zip: DEL REY BEACH, FL 33446 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY MACLEOD MGRM 06/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date