2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT Jan 12, 2005 08:00 AM DOCUMENT # L03000022853 **Secretary of State** 1. Entity Name NADA TRUST, LLC Mailing Address Principal Place of Business 101 NE 2ND ST. 101 NE 2ND ST. OCALA, FL 34470 OCALA, FL 34470 01062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0214772 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent HICKS, DANIEL DO NOT WRITE 421 SOUTH PINE AVE. OCALA, FL 34474 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 whon reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ROBERSON, CODA III 101 NE 2ND ST. STREET ADDRESS U00000178367 CITY - ST-ZIP OCALA, FL 34470 01/12/05-80051-001 55.00 MGRM TITLE POTTER, MARGARET A NAME 101 NE 2ND STREET STREET ADDRESS OCALA, FL 34470 CITY-ST-ZIP TITLE 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 NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing 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.

D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED