2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000023155 03-11-2005 90055 031 ****50.00 1. Entity Name MISTER T'S D.J. SERVICE LTD. CO. Mailing Address Principal Place of Business 1611 UMBRELLA TREE DR. 1611 UMBRELLA TREE DR. EDGEWATER, FL 32132 EDGEWATER, FL 32132 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #. etc. 03092005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4 FEI Mumber NOT APPLICABLE Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYREE, DAVID L Street Address (P.O. Box Number is Not Acceptable) 1611 UMBRELLA TREE DR. EDGEWATER, FL 32132 City Zip Code 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. SIGNATURE System, hood in the strong an education and the strong and approximation face cace. districted and was some and exercise and also ے اور نے Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TIPLE TITLE ☐ Delete ☐ Change Addition TYREE, DAVID L LAME LAME STREET ADDRESS 1611 UMBRELLA TREE DR. STREET ADDRESS CITY ST ZIF EDGEWATER, FL 32132 CITY ST ZIP TITLE D Oelete TITLE ☐ Change Addition LAME LANE STREET ALURESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Addition ☐ Detete une ☐ Change DILE LAME HALLE STREET ADDRESS STREET ALJORESS CITY ST ZIP CITY ST ZIP TITLE . Delete TITLE ☐ Change ☐ Addition LAME LAME STREET ALLORESS STREET ADDRESS CITY ST ZIP CHY ST ZIP TITLE Delete THILE Change ■ Addition LAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Delete TITLE ☐ Change ■ Addition LALIE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP 11. Thereby 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAY GING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 11, 2005 8:00 am

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