2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 16, 2005 08:00 AM Secretary of State DOCUMENT # L03000023268 1. Entity Name HBCU SPIRIT LLC Principal Place of Business Mailing Address 5165 FOXBRIDGE CR. #16 5165 FOXBRIDGE CR. #16 CLEARWATER, FL 33760 CLEARWATER, FL 33760 07072005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0122966 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEPASS, ANTHONY DO NOT WRITE 5165 FOXBRIDGE CR. #16 CLEARWATER, FL. 33760 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE DELASS, ANTHONY NAME STREET ADDRESS 5165 FOX BRIDGE CR. #16 CITY-ST-ZIP CLEARWATER, FL 33760 ... U00000376541 08/16/05-80002-009 55.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ППΕ

NAME STREET ADDRESS CITY-ST-ZIP

^{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.