2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # L03000024390 1. Entity Name **BOOTHBY ENTERPRISES, LLC** Principal Place of Business Mailing Address 1630 S.E. 29TH TERRACE 1630 S.E. 29TH TERRACE OCALA, FL 34471 OCALA, FL 34471 03152005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0503864 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **BULLARD, J. WARREN** DO NOT WRITE 18 N.W. THIRD AVE. OCALA, FL 34475 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. SIGNATURE. 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 May 1, 2005 MANAGING MEMBERS/MAÑAGERS 9. TITLE BOOTHBY, WILLIAM G NAME STREET ADDRESS 1630 S.E. 29TH TERRACE CITY-ST-ZIP OCALA, FL 34471 100000289619 TITLE /4/05/05-80034-009 50 00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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.

SIGNATURE: PRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP