2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 15, 2005 08:00 AM DOCUMENT # L03000025145 **Secretary of State** 1. Entity Name GINGER'S CLEANING SERVICE, L.L.C. Principal Place of Business Mailing Address 16839 S.E. 59TH PLACE 16839 S.E. 59TH PLACE OCKLAWAHA, FL 32179 OCKLAWAHA, FL 32179 01202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3634838 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARTHUR, GINGER DO NOT WRITE 16839 S.E. 59TH PLACE OCKLAWAHA, FL 32179 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 reinstaling) QATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM ARTHUR, GINGER NAME 16839 S.E. 59TH PLACE STREET ADDRESS CITY-ST-ZIP OCKLAWAHA, FL 32179 U00000306249 04/15/05-80007-011 50.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-2IP IIILE

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.

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

IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE