2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L03000025167 1. Entity Name FIRETRANS SERVICES, L.L.C. Principal Place of Business Mailing Address 3412 CLARK ROAD, #228 3412 CLARK ROAD, #228 SARASOTA, FL 34231 SARASOTA, FL 34231 04272005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0839711 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUCE, MATHEW DO NOT WRITE 3412 CLARK ROAD, #228 SARASOTA, FL 34231 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, ped 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 U00000347548 04/30/05-80121-003 50.00 9. MANAGING MEMBERS/MANAGERS TITLE NAME BRUCE, MATHEW STREET ADDRESS 3412 CLARK ROAD, #228 SARASOTA, FL 34231 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND TYPED O

TITLE NAME STREET ACCRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MAKAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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