

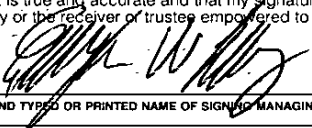


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 050 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L03000025211</b>   |  |  |  |  |  |
| <b>1. Entity Name</b><br>UNCLE GERALD'S HOLDINGS, LLC  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>1936 LEE ROAD, SUITE 101<br>C/O WEBSTER, CHAIRES & PARTNERS, P.L.<br>WINTER PARK, FL 32789   |  |  | <b>Mailing Address</b><br>1936 LEE ROAD, SUITE 101<br>C/O WEBSTER, CHAIRES & PARTNERS, P.L.<br>WINTER PARK, FL 32789 |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  | 03142005    Chg-LLC    CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>65-1196652   |  |  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| W&P SERVICES, INC.<br>1936 LEE ROAD, SUITE 101<br>WINTER PARK, FL 32789  |  |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____        |   |  |
| <b>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.</b>   |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  |  |  | <b>Make check payable to Florida Department of State</b>                          |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>WEBSTER, DAVID A<br>1936 LEE ROAD, SUITE 101<br>WINTER PARK, FL 32789 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VS<br>WEBSTER, DAVID A<br>1936 LEE ROAD, SUITE 101<br>WINTER PARK, FL 32789  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>LORENZ, EUGENE W<br>2450 BRYAN LANE<br>TARPON SPRINGS, FL 34689        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b>   |  |  | Eugene W. Lorenz    4-2-05    (727) 939-8812   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date    Daytime Phone #  |   |  |