2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # L03000026025 1. Entity Name MAVILO INVESTMENTS, LLC Mailing Address Principal Place of Business 4150 NORTH ARMENIA AVE., STE. 100 4150 NORTH ARMENIA AVE., STE. 100 **TAMPA, FL 33607** TAMPA, FL 33607 CR2E083 (10/03) 04032005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0095407 Not Applicable \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTELLANO, NELSON T DO NOT WRITE 101 E. KENNEDY BLVD., STE. 2700 TAMPA, FL 33602 IN THIS SPACE 5. 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 agont and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE OLIVA, MARK A NAME STREET ADDRESS 4150 N. ARMENIA AVE #100 U00000305773 04/14/05-80099-012 50.00 CITY-ST-ZIP TAMPA, FL 33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NALAE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 inside empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-S7-7/P

SIGNATURE AND TYPED ON MINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE