## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED
Apr 05, 2005 08:00 AM
Secretary of State

1. Entity Nam	MENT # L03000026	105		Secretary of S	, iaie
Principal Plac 4070 SE MA OCALA, FL 3	RICAMP RD _	Mailing Address 4070 SE MARICAMP RD OCALA, FL 34471			rii 1 <b>88</b> 7
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01262005 No Chg-LLC	
4070 S.É. OCALA, F	E LEE JR. MARICAMP ROAD L 34471 _	-		DO NOT WRITE IN THIS SPACE	
the obligat	tions of registered agent.		ed office ar régister	red agent, or both, in the State of Florida. I am familiar with, and	i accept
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR BROWN, LEE E JR 4070 SE MARICAMP RD. OCALA, FL 34471	RS/MANAGERS			00
CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
11. I hereby indicated limited lia	certify that the information supplied with don this report is true and accurate and in ability company or the receiver or dusted	this filling floes not qualify for the exc hat my signature shall have the sam empowered to execute this report a	emption stated in Se le legal effect as if n is required by Chap	ection 119 07(3)(f), Florida Statutes 1 further certify that the informade under oath; that I am a managing member or manager opter 608, Florida Statutes.	mation f the