2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP πи NAME STREET ADDRESS CITY-ST-ZIP

FILED **ANNUAL REPORT** Mar 24, 2005 08:00 AM DOCUMENT # L93000027140 **Secretary of State** LAKE MARY DANCE STUDIO, L.L.C. Mailing Address Principal Place of Business 3599 W. LAKE MARY BLVD STE 1-E 3599 W. LAKE MARY BLVD STE 1-E LAKE MARY, FL 32746 LAKE MARY, FL 32746 03022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2379252 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOOS, HELEN B DO NOT WRITE 1709 SHADOWMOSS CIRCLE LAKE MARY, FL 32746 IN THIS SPACE 3. 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR FOOS, HELEN B NAME 1709 SHADOWMOSS CIRCLE STREET ADDRESS JBBBBB274255 CITY-ST-ZIP LAKE MARY, FL 32746 03/24/05-80003-019 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP прЕ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Helen B. Foos 407-330-1304 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #