2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 20, 2005 08:00 AM Secretary of State **DOCUMENT # L03000029789** KELLY J. DOWNES D.C., PLLC Principal Place of Business Mailing Address 551 SOUTH COLLIER BLVD. P.O. BOX 700 MARCO ISLAND, FL 34146 SUITE 200 MARCO ISLAND, FL 34145_ 01102005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOWNES, KELLY J DO NOT WRITE 1362 WAIKIKI COURT MARCO ISLAND, FL 34145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE DOWNES, KELLY J D.C. NAME U00000187034 551 SOUTH COLLIER BLVD STREET ADDRESS 01/21/05-80083-007 50.00 CITY-ST-ZIP MARCO ISLAND, FL 34145 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIRE STREET ADDRESS DO NOT WRITE CTTY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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 flability company or the receiver opticustee empoweres to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NING MANAGING MEKBER, OR AUTHORIZED REPRESENTATIVE

STRUCT ADDRESS CITY-ST-ZIP