2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 04, 2005 8:00 am Secretary of State 05-04-2005 90035 009 ****50.00 DOCUMENT # L03000032893 MAHAFFEY MANAGEMENT, LLC Principal Place of Business Mailing Address 20056772 731 JAMESTOWN DR. 731 JAMESTOWN DR. WINTER PARK, FL 32792 WINTER PARK, FL 32792 02252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 20-0209630 4. FEI Number 1 Applied For 20-0209620 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHAFFEY, JAMES W DO NOT WRITE 731 JAMESTOWN DR. WINTER PARK, FL 32792 IN THIS SPACE 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 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 TITLE MGRM MAHAFFEY, JAMES W NAME 731 JAMESTOWN DR. STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 TITLE MAHAFFEY, MARK T NAME 3700 POMPANO DR SE STREET ADDRESS ST PETERSBURG, FL 33705 CITY-ST-ZIP TITLE 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

James W. Mahaffu

NAME STREET ADDRESS CITY-ST-ZIP

> 04-22-05 407-677-0650

FILED

Daytime Phone #