2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# L03000034730

Entity Name: PC TORQUE, LLC

Current Principal Place of Business:

4211 S. SHADE AVENUE
SARASOTA, FL 34231

New Principal Place of Business:

9415 BURNET RD.
SUITE 201
AUSTIN, TX 78758

Current Mailing Address:

4211 S. SHADE AVENUE
SARASOTA, FL 34231

New Mailing Address:

9415 BURNET RD.
SUITE 201
AUSTIN, TX 78758

FEI Number: 57-1187042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ICARD,MERRILL,CULLIS,TIMM,FUREN,& GINSBURG
C/O F. THOMAS HOPKINS
2033 MAIN STREET STE. 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ALTER, ADAM A MGR
Address: 4211 S. SHADE AVE.
City-St-Zip: SARASOTA, FL 34231 US

Title: MGR ( ) Delete
Name: ALTER, LAURA J MGR
Address: 4211 S. SHADE AVE.
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALTER, ADAM A MGR
Address: 7503 NAPIER TRAIL
City-St-Zip: AUSTIN, TX 78729 US

Title: MGR (X) Change ( ) Addition
Name: ALTER, LAURA J MGR
Address: 7503 NAPIER TRAIL
City-St-Zip: AUSTIN, TX 78729 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: LAURA J. GRIMES MGR 03/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date