2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

FILED Mar 26, 2005 08:00 AM Secretary of State DOCUMENT # L03000037671 1. Entity Name MACAULAY ENTERPRISES LLC Principal Place of Business Mailing Address 950 NORTH COLLIER BLVD., STE. 201 950 NORTH COLLIER BLVD., STE. 201 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 02222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0853467 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAMER, FREDERICK C DO NOT WRITE 950 NORTH COLLIER BLVD., STE. 201 MARCO ISLAND, FL 34145 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 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. 03/26/05-80031-006 50.00 TITLE NAME MACAULAY, JOHN E 2704 CABRILLO DRIVE STREET ADDRESS WINFIELD, KS 67156 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIFLE 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING MANAG