

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

| <b>DOCUMENT # L03000039684</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
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| <small>1. Entity Name</small><br><b>AUSTIN 1 UNLIMITED INDOOR AND OUTDOOR<br/>PRODUCT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>Principal Place of Business</small><br><b>2545 N.W. 75TH STREET<br/>MIAMI, FL 33147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <small>Mailing Address</small><br><b>2545 N.W. 75TH STREET<br/>MIAMI, FL 33147</b>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      | <div style="text-align: right;">04062005No Chg-LLC      CR2E083 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%; padding: 2px;"><small>4. FEI Number</small><br/><b>20-0311496</b></td><td style="width: 30%; padding: 2px;"><small>Applied For</small><br/><input type="checkbox"/> <small>Not Applicable</small></td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small>      <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b></td></tr></table> | <small>4. FEI Number</small><br><b>20-0311496</b>                                                                                                                                           | <small>Applied For</small><br><input type="checkbox"/> <small>Not Applicable</small> | <small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>4. FEI Number</small><br><b>20-0311496</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <small>Applied For</small><br><input type="checkbox"/> <small>Not Applicable</small> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>6. Name and Address of Current Registered Agent</small><br><b>AUSTIN, WILLARD M<br/>2545 N.W. 75TH STREET<br/>MIAMI, FL 33147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | DO NOT WRITE<br>IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>7. 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.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <table style="width: 100%;"><tr><td style="width: 60%;"><small>SIGNATURE</small> _____<br/><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></td><td style="width: 40%;"><small>DATE</small> _____</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <small>SIGNATURE</small> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | <small>DATE</small> _____                                                            |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>SIGNATURE</small> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <small>DATE</small> _____                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2" style="text-align: center; padding: 2px;"><small>8. MANAGING MEMBERS/MANAGERS</small></th></tr></thead><tbody><tr><td style="width: 15%; padding: 2px;"><small>TITLE</small></td><td style="padding: 2px;"><b>MGRM</b></td></tr><tr><td style="padding: 2px;"><small>NAME</small></td><td style="padding: 2px;"><b>AUSTIN, WILLARD M</b></td></tr><tr><td style="padding: 2px;"><small>STREET ADDRESS</small></td><td style="padding: 2px;"><b>2545 N.W. 75TH STREET</b></td></tr><tr><td style="padding: 2px;"><small>CITY-ST-ZIP</small></td><td style="padding: 2px;"><b>MIAMI, FL 33147</b></td></tr><tr><td style="padding: 2px;"><small>TITLE</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>NAME</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>STREET ADDRESS</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>CITY-ST-ZIP</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>TITLE</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>NAME</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>STREET ADDRESS</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>CITY-ST-ZIP</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>TITLE</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>NAME</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>STREET ADDRESS</small></td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;"><small>CITY-ST-ZIP</small></td><td style="padding: 2px;"></td></tr></tbody></table> |                                                                                      | <small>8. MANAGING MEMBERS/MANAGERS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             | <small>TITLE</small>                                                                 | <b>MGRM</b>                                                                                                    | <small>NAME</small>                      | <b>AUSTIN, WILLARD M</b> | <small>STREET ADDRESS</small> | <b>2545 N.W. 75TH STREET</b> | <small>CITY-ST-ZIP</small> | <b>MIAMI, FL 33147</b> | <small>TITLE</small> |  | <small>NAME</small> |  | <small>STREET ADDRESS</small> |  | <small>CITY-ST-ZIP</small> |  | <small>TITLE</small> |  | <small>NAME</small> |  | <small>STREET ADDRESS</small> |  | <small>CITY-ST-ZIP</small> |  | <small>TITLE</small> |  | <small>NAME</small> |  | <small>STREET ADDRESS</small> |  | <small>CITY-ST-ZIP</small> |  | DO NOT WRITE<br>IN THIS SPACE |
| <small>8. MANAGING MEMBERS/MANAGERS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>TITLE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>MGRM</b>                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>NAME</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>AUSTIN, WILLARD M</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>STREET ADDRESS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>2545 N.W. 75TH STREET</b>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>CITY-ST-ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MIAMI, FL 33147</b>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>TITLE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>NAME</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>STREET ADDRESS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>CITY-ST-ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>TITLE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>NAME</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>STREET ADDRESS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>CITY-ST-ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>TITLE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>NAME</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>STREET ADDRESS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>CITY-ST-ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <div style="text-align: right; font-family: monospace; font-size: 12px;">U000000324600<br/>04/22/05-80089-012 50.00</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <table style="width: 100%;"><tr><td style="width: 60%;"><b>SIGNATURE:</b> <i>Willard Austin</i></td><td style="width: 40%; text-align: right;"><b>4-6-05</b></td></tr><tr><td style="font-size: 8px;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></td><td style="font-size: 8px; text-align: right;"><small>Date      Daytime Phone #</small></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SIGNATURE:</b> <i>Willard Austin</i>                                                                                                                                                     | <b>4-6-05</b>                                                                        | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>     | <small>Date      Daytime Phone #</small> |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <b>SIGNATURE:</b> <i>Willard Austin</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4-6-05</b>                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <small>Date      Daytime Phone #</small>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                                                                                      |                                                                                                                |                                          |                          |                               |                              |                            |                        |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                      |  |                     |  |                               |  |                            |  |                               |