2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED May 04, 2005 08:00 AM Secretary of State **DOCUMENT # L03000047483** 1. Entity Name GUARDIANSHIP SERVICES, LLC Mailing Address Principal Place of Business 869 5TH AVE SOUTH 869 5TH AVE SOUTH NAPLES, FL 34102 NAPLES, FL 34102 05022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3138968 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STEWART, DEBORAH A 865 FIFTH AVE SOUTH NAPLES, FL 34102 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 1 am familiar with, and accept the obligations of registered agent. Signature, typed or plinted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 U00000362876 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PARKS, HARRY NAME 7707 GROVES ROAD STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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