2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 10, 2003 00.00 F
DOCUI 1. Entity Nam ENVORT	MENT # L030000485 Ex, llc	46		Secretary of State
Principal Place 109 DUNHILL HUNTSVILLE,	L DRIVE	Mailing Address 109 DUNHILL DRIVE HUNTSVILLE, AL 35824		
DO NOT WRITE IN THIS SPAC			CE	0.4142005No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 83-0384442 Not Applicable 5. Certificate of Status Desired □ \$5.00 Additional Fee Required
\	6. Name and Address of Current Re	gistered Agent	j	
ST. CLAIR, JAMES D 1660 OLD DIXIE HIGHWAY VERO BEACH, FL 32960				DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when relinstating) CATE				
Filing Fee is \$50.00 04/18/05-80160-025 50.00				
9.	MANAGING MEMBERS	/MANAGERS		
TITLE	MGRM]	
NAME	VARGO, ROBĒRT F	<u>-</u>	Ł	
STREET ADDRESS	109 DUNHILL DRIVE		J	
CITY-ST-ZIP	HUNTSVILLE, AL 35824	cont.		
TITLE			ŀ	
NAME STREET ADDRESS			f	
CITY-ST-ZIP		· 45		
TITLE			1	
NAME			1	
STREET ADDRESS CITY-ST-ZIP			<u></u>	DO NOT WRITE
		<u> </u>	(1990-1992-1992-1 992-1992-1992-1992-1992-199	
TITLE NAME			Į.	IN THIS SPACE
STREET ADDRESS			ß	,
CITY-ST-ZIP		<u> </u>	J	
TITLE				
NAME STREET ADDRESS			1	
CITY-ST-ZIP			<u> </u>	
TITLE			1	
NAME			ł	
STREET ADDRESS CITY-ST-ZIP				
	partity that the information assembled with the	is filling dogs not straight for the	motion stated in Co	ction 119 07(3Vi) Florida Stautes Luther cartifuthat the information
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: // Jarge 04/14/05 656)539-7396				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone *				