## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000050201

6601 BLACKFIN WAY

APOLLO BEACH, FL 33572

Address:

City-St-Zip:

Entity Name: NEPTUNE, LLC

FILED Jan 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1016 NEPTUNE DRIVE 1016 NEPTUNE DRIVE #10 RUSKIN, FL 33570 RUSKIN, FL 33570 **Current Mailing Address: New Mailing Address:** 6601 BLACKFIN WAY APOLLO BEACH, FL 335723029 FEI Number: 42-1610539 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEHM, VICTORIA P 405 SÉCOND STREET SOUTH STE. C SAFETY HARBOR, FL 34695 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CALLISON, WESLEY D Name: Name: 445-26 SR 13 NORTH 445-27 Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OSCEOLA, INC., Name: Name: Address: 608 SOUTH 19TH STREET Address: City-St-Zip: WEST DES MOINES, IA 50265 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HALVA, LOREN Name: Name: Address: 24168 140TH STREET Address: City-St-Zip: ORLEANS, IA 51360 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: PEAREY, ELWIN Name: Address: R.R. 1 Address: City-St-Zip: CAMBRIDGE, IA 50046 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition MOORE, AIXA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: AIXA M. MOORE MGRM 01/26/2005