2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 26, 2005 08:00 AM **DOCUMENT # L03000050430 Secretary of State** 1. Entity Name RUSSELL W. LUCIA, LLC Principal Place of Business Mailing Address 630 EAST CYPRESS STREET 630 EAST CYPRESS STREET TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0453632 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUCIA, RUSSELL W DO NOT WRITE 630 EAST CYPRESS STREET TARPON SPRINGS, FL 34689 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATĚ Filing Fee is \$50.00 Due by May 1, 2005 1/1/00/00/199151 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME LUCIA, RUSSELL W STREET ADDRESS 630 EAST CYPRESS STREET CITY-ST-7IP TARPON SPRINGS, FL 34689 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE

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