2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L03000050977

Entity Name: EDWARD M. FORAKER, LLC

Current Principal Place of Business:

1625 CARILLON ST.
HOLIDAY, FL 34691

New Principal Place of Business:

3229 SOUTH JUNKET DRIVE
HOMOSASSA, FL 34448

Current Mailing Address:

1625 CARILLON ST.
HOLIDAY, FL 34691

New Mailing Address:

3229 SOUTH JUNKET DRIVE
HOMOSASSA, FL 34448

FEI Number: 20-0478977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORAKER, EDWARD M
1625 CARILLON ST.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

FORAKER, EDWARD M
3229 SOUTH JUNKETDRIVE
HOMOSASSA, FL 34448 US

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: EDWARD M. FORAKER 04/27/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: FORAKER, EDWARD M
Address: 1625 CARILLON ST.
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FORAKER, EDWARD M
Address: 3229 SOUTH JUNKET DRIVE.
City-St-Zip: HOMOSASSA, FL 34448

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.

SIGNATURE: EDWARD M. FORAKER NGRM 04/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date