## 2005 LIMITED LIABILITY COMPANY

## 2005 08:00 AM

| ANNUAL REPORT                                                                                                                               |                                                                          |                         |                           | Apr 19, 2005 08:00 A                                                                      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------|---------------------------|-------------------------------------------------------------------------------------------|--|--|
| DOCUMENT # L03000052879                                                                                                                     |                                                                          |                         |                           | Secretary of State                                                                        |  |  |
| 1. Entity Nan<br>GEORGE                                                                                                                     | E BRANTON, LLC                                                           | -                       |                           |                                                                                           |  |  |
| Principal Place of Business  2000 MAINE STREET FROSTPROOF, FL 33843 US  Mailing Address  29605 US HIGHWAY 19 SUITE 130 CLEARWATER, FL 33761 |                                                                          | US                      |                           |                                                                                           |  |  |
|                                                                                                                                             | OO NOT WRIT                                                              | E IN THIS SPA           | ACE                       | 03232005 No Chg-LLC                                                                       |  |  |
|                                                                                                                                             |                                                                          |                         |                           | 20-0508894 Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required |  |  |
|                                                                                                                                             | 6. Name and Address of Curre                                             | nt Registered Agent     |                           |                                                                                           |  |  |
| PEASE, THOMAS E<br>29605 US HIGHWAY 19                                                                                                      |                                                                          |                         |                           | DO NOT WRITE                                                                              |  |  |
| SUITE 130<br>CLEARWATER, FL 33761                                                                                                           |                                                                          |                         |                           | IN THIS SPACE                                                                             |  |  |
| the obliga                                                                                                                                  | tions of registered agent.                                               | ~                       | stered office or register | red agent, or both, in the State of Florida. I am familiar with, and accept               |  |  |
| D                                                                                                                                           | ue by May 1, 2005                                                        |                         |                           |                                                                                           |  |  |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | MANAGING MEM MGRM BRANTON, GEORGE 2000 MAINE STREET FROSTPROOF, FL 33843 | BERS/MANAĠERS<br>-<br>- |                           |                                                                                           |  |  |
| TILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               |                                                                          |                         |                           | 000000316526<br>04/19/05-80077-025 50.00<br>DO NOT WRITE<br>IN THIS SPACE                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                       |                                                                          |                         |                           |                                                                                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              |                                                                          |                         |                           |                                                                                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              |                                                                          |                         |                           |                                                                                           |  |  |
| TITLE                                                                                                                                       |                                                                          | -                       | <b></b>                   | ······································                                                    |  |  |

11. I hereby certify that the information supplied with this filing 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTER 722-785-7460 SIGNATURE:

HOMAS

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

NAME STREET ADDRESS CITY-ST-ZIP

Davtime Phone #