2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Feb 11, 2005 08:00 AM Secretary of State

| ANNOAL NEFON I | | | . Convotant of Ctata |
|--|--|---|---|
| 1. Entity Nam | MENT # L03000053471 | | Secretary of State |
| Principal Place 5114 W. LON TAMPA, FL 3 | IGFELLOW AVE 5114 W. LC | INGFELLOW AVE. | |
| | | | |
| DO NOT WRITE IN THIS SPACE | | | 01122005 No Chg-LLC CR2E083 (10/03) |
| | | | 4. FEI Number Applied For |
| | | | 26-0076646 Not Applicable 5. Certificate of Status Desired \$5.00 Additional |
| | 6. Name and Address of Current Registered Ager | nt | Fee Required |
| NELSON, DANIEL 5114 W. LONGFELLOW AVE. TAMPA, FL 33629 | | | DO NOT WRITE |
| | | | IN THIS SPACE |
| | | | 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. 1 am familiar with, and accept | | | |
| the obligations of relistered agent) | | | |
| SIGNATURE Signature, typical partied name or registered agent and little if expolicable (NOYE Registered Agent eignature required when reinstating) 2.77.2005 DATE | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | |
| 9. | MANAĞING MEMBERS/MANAĞERS | | |
| TITLE NAME STREET ADDRESS City-St-Zip | MGRM NELSON, DANIEL 5114 W. LONGFELLOW AVE. TAMPA, FL 33629 | | |
| TITLE | TANI A, TE 30025 | Maria - Maria | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | U00000226041 02/11/05-80064-002 50. 00 |
| TITLE | | | |
| STREET ADDRESS CITY - ST - ZIP | | | DO NOT WRITE |
| TITLE NAME | | | IN THIS SPACE |
| STREET ADDRESS CITY-ST-DP | | | |
| TITLE NAME | | ·· - · · · · · · · · · · · · · · · · · · · | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| NAME | _ | , | |
| STREET ADDRESS CITY-ST-ZIP | \cap | | |
| 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 mystignature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trusteet empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |