2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# L03000053887

Entity Name: SPIDERFIRE, LLC

Current Principal Place of Business:

11250 OLD ST. AUGUSTINE ROAD
SUITE 15-148
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST. AUGUSTINE ROAD
SUITE 15-148
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 90-0126285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GIVENS, TOXIE
11250 OLD ST. AUGUSTINE ROAD
SUITE 15-148
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title:	MGR	( ) Delete
Name:	GIVENS, TOXIE	
Address:	12014 LONDON LAKE DR W	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	MGRM	( ) Delete
Name:	GOSTAGE, JAMES	
Address:	167 ELMWOOD DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	MGRM	( ) Delete
Name:	BENAVIDES, CARLOS	
Address:	2424 STOCKTON DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	MGRM	( ) Delete
Name:	MCCRARY, CAROL	
Address:	1660 CR 13-A NORTH	
City-St-Zip:	ST. AUGUSTINE, FL 32092	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: TOXIE GIVENS MGR 05/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date