2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

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

Jan 24, 2005 8:00 am Secretary of State **DOCUMENT # L03000055034** 01-24-2005 90111 001 ****50.00 1. Entity Name C.-A. NOEKER MANAGEMENT "LLC" 01-24-2005 90111 002 *****5.00 Principal Place of Business Mailing Address 13950 TALMAGE LOOP 13950 TALMAGE LOOP 30000046 HUDSON, FL 34667 HUDSON, FL 34667 01162005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Numbe Applied For 36-3501349 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOEKER, CARL A DO NOT WRITE 13950 TALMAGE LOOP. **HUDSON, FL 34667** 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 Signature, N ed agent and title d applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE **MGRM** N#EKER, CARL Talmage Coop STREET ADDRESS 13950 TAKAGA LOOP CITY-ST-ZIP HUDSON, FL 34667 a Viger , Sept 16 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS - DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED