2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## FILED Jul 27, 2005 08:00 AM DOCUMENT # L03000055111 Secretary of State JOEL NODARSE, L.L.C. Principal Place of Business Mailing Address 4530 NW 199TH STREET CAROL CITY FL 33055 4530 NW 199TH STREET CAROL CITY FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number Applied For City & State NO-T APPLICABLE Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NODARSE, JOEL Street Address (P.O. Box Number is Not Acceptable) 4530 NW 199TH STREET CAROL CITY FL 33055 City Zip Code FL 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 typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. tiit MGR ☐ Delete ☐ Change ☐ Addition NODARSE, JOEL NAM 11000000374734 07/27705-80006-017 50.00 STREET ADDR∈GS 4530 NW 199TH STREET STREET ACORESS CITY-ST-78P CAROL CITY FL 33055 CITY-ST-7IP Addition ☐ Change THLE ☐ Delete Bitte NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Change Addition TIFLE ☐ Delete NAME NAME STREET ADDRESS. STREET ADDRESS CHY-SI-ZIP UNIY-ST-ZE Change Addition Delete HIDE BHE NAME NAME LIRGET ADDRESS THEE LADDRESS CHY-SI-ZIP CITY-S1-ZP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP Cit ? - S1 - ZIP ☐ Change Addition Delete DRE THEF NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHT 6: \$1:7(P) 11. Thereby 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.

MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #