


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055111</b> 1. Entity Name <b>JOEL NODARSE, L.L.C.</b>	
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Principal Place of Business <b>4530 NW 199TH STREET CAROL CITY FL 33055</b>	Mailing Address <b>4530 NW 199TH STREET CAROL CITY FL 33055</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E083 (10/04)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>NO-T APPLICABLE</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>  <b>NODARSE, JOEL 4530 NW 199TH STREET CAROL CITY FL 33055</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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**FL**      Zip Code

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.

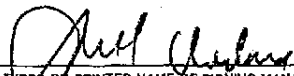
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR NODARSE, JOEL	TITLE	
NAME	NODARSE, JOEL	NAME	
STREET ADDRESS	4530 NW 199TH STREET	STREET ADDRESS	
CITY - ST - ZIP	CAROL CITY FL 33055	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000374734  
07/27/05-80006-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: 	Date: <b>7/23/05</b>
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