2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007040

Entity Name: TIP-N-RING, LLC

FILED Aug 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1398 EVALEVA LANE 1398 EVALENA LANE

NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917

Current Mailing Address: New Mailing Address:

1398 EVALEVA LANE 1398 EVALENA LANE

NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917

FEI Number: 65-1213437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

MCKEOWN, KIM M
1398 EVALEVA LANE
MCKEOWN, KIM M
1398 EVALENA LANE

NORTH FORT MYERS, FL 33917 US NORTH FORT MYERS, FL 33917 US

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: KIM M MCKEOWN 08/05/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 MCKEOWN, KIM M
 Name:
 MCKEOWN, KIM M

 Address:
 1398 EVALEVA LANE
 Address:
 1398 EVALENA LANE

City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: NORTH FORT MYERS, FL 33917

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: KIM M MCKEOWN MGRM 08/05/2005