2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 09, 2005 8:00 am Secretary of State **DOCUMENT # L04000008277** 1. Entity Name 04-08-2005 90284 037 ****55.00 AN INSIDE JOB, L.L.C. Principal Place of Business Mailing Address 1808 BAYSHORE GARDENS PKWY. BRADENTON FL 34207 8374 MARKET STREET P.O. BOX 194 BRADENTON FL 34202 30005678 2. Principal Place of Business 3. Mailing Address 3410 67 th St ct Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Bradentos City & State 4. 51 Number 31 44934 Applied For FL Not Applicable 34/208 Country \$5.00 Additional 5. Certificate of Status Desired 45 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven L SK-FREEMAN; STEVEN: L.SR. — 1808 BAYSHORE GARDENS BRADENTON FL 34207 3. 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, typed or printed name of regestered agent and title # applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 10. MILE MGRM mbem TITLE Change Addition Freeman, Steven L SR 3410 6779 Store FREEMAN, STEVEN L SR. NAME 1808 BAYSHORE GARDENS PKWY. STREET ADORESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP Bradenton Fl 34209 THLE Delete TEFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P ☐ Delete Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-51-21P CITY-ST-ZIP MALE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS 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. URE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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