| 2005 LIMITED LIABILITY COMPANY<br>ANNUAL REPORT  |                                |   |   |  |                                 | FILED<br>Aug 25, 2005 8:00 am<br>Secretary of State  |  |            |
|--|--------------------------------|---|---|--|---------------------------------|--|--|------------|
| DOCU<br>1. Entity Nam  |                                | #L04000010                              | 727   |  |                                 |  | 106 026 ****55.0                         |            |
| - /  |                                | NDSCAPE SUPPL                           | .Y L.L.C.   |  |                                 |  |  |            |
| Principal Place of Business<br>5550 NORTH US 1<br>MELBOURNE, FL 32940  |                                |   | Mailing Address<br>5550 NORTH US 1<br>MELBOURNE, FL 32940 |  |                                 | 20067175   |  |            |
| 2. Principal P   |                                |   | 3. Mailing Address  |  |                                 |  |  |            |
| 5550 N US 1  |                                |   | 5550 N US 1<br>Suite, Apt. #, etc.                        |  |                                 | 52005 Chg-LLC  | CR2E083 (10/03)                          |            |
| Melbourne, FL<br>City & State  |                                |   | City & State  |  |                                 | I Number   |  | oplied For |
|  | 32940 Brevard                  |   | Melbourne FL.   |  |                                 | 10-0712839<br>ertificate of Status Desired           | \$5.00 Add                               |            |
| 32940  | 6. Name and Address of Current |   | Registered Agent  | Brévar   |                                 | me and Address of New Re                             | Fee Require                              | id         |
| MCNAME<br>4150 ALLA<br>MELBOUR   | N ADALE                        |   |   | Name<br>Street A                               | John<br>Hess (P.O. Bo<br>HO TUS | McNamee<br>* Number is Not Acceptable<br>2017 Way Ap | pt # 104                                 |            |
|  |                                |   |   | City   | Melbourne FL 32940              |  |  |            |
| <ol> <li>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.</li> </ol>   |                                |   |   |  |                                 |  |  |            |
| SIGNATURE ADVICE MCNAME AND COMPANY SIGNATURE SALES SA |                                |   |   |  |                                 |  |  |            |
| Filing Fee is \$50.00<br>Due by September 7, 2005  |                                |   |   |  |                                 | Florida  | e check payable to<br>Department of Stat | e          |
| 9.<br>11TLE  | MGRM                           | MANAGING MEMBE                          | ERS/MANAGERS  | <b>10.</b><br>TITLE                            | MGRM                            | ADDITIONS/   | CHANGES                                  | Addition   |
| NAME<br>STREET ADORESS<br>CITY ST ZIP  |                                | E, JOHN<br>AN ADALE RD<br>RNE, FL 32935 |   | NAME<br>STREET ADDRESS<br>CITY ST ZIP          | 340 Tus                         | ee, John<br>scany Way Apt.<br>urne, FL. 32940        |  |            |
| TITLE<br>NAME<br>STREET ADDRESS  | 4150 ALL                       | E, LAURIE<br>AN ADALE RD                | C) Delete   | TITLE<br>MAME<br>STREET ADDRESS                | MGRM                            | ree, Laurie<br>scany Way Apt                         | 104                                      | Addition   |
| CITY ST ZIP<br>THLE:   | MELBOU                         | RNE, FL 32935                           | - Delete  | CITY ST ZIP<br>TITLE                           | Melbe                           | surne, FL. 32  | 140 Change                               | Addition   |
| HAME<br>STREET ADDRESS<br>CITY SF 20P  |                                |   |   | HAME<br>STREET ADURESS<br>CITY ST ZIP          |                                 |  |  |            |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY ST ZIP   |                                |   |   | TITLE<br>HAME<br>STREET ADDRESS<br>CITY ST ZIP |                                 |  | Change                                   | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZP  |                                |   | Deketa  | TITLE<br>HAME<br>STREET ADDRESS<br>CITY ST ZIP |                                 |  | 🔲 Change                                 | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |                                |   | Delete  | RITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                 |  | Change                                   | Addition   |
| 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.   |                                |   |   |  |                                 |  |  |            |
| SIGNATURE: MOLTON MCNOMUM MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                |   |   |  |                                 |  |  |            |