

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014763

Entity Name: FLORIDACO, L.C.

FILED
Feb 25, 2005
Secretary of State

Current Principal Place of Business:

14461 CEDAR CREEK FARM LANE
MOUNT PELIER, VA 23192

New Principal Place of Business:

Current Mailing Address:

14461 CEDAR CREEK FARM LANE
MOUNT PELIER, VA 23192

New Mailing Address:

FEI Number: 41-2128113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACOCK, ROBERT JR
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DUKE, L. ANDREW JR.
Address: 14461 CEDAR CREEK FARM LANE
City-St-Zip: MOUNT PELIER, VA 23192

Title: MGR () Delete
Name: DUKE, MATTHEW E
Address: 14461 CEDAR CREEK FARM LANE
City-St-Zip: MOUNT PELIER, VA 23192

Title: MGR () Delete
Name: CRAMPTON, W. GARY
Address: 14461 CEDAR CREEK FARM LANE
City-St-Zip: MOUNT PELIER, VA 23192

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: L. ANDREW DUKE, JR.

MR.

02/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date