2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000015314

Entity Name: DEALCO LLC

Current Principal Place of Business:

1032 WINDING WATERS CIRCLE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1032 WINDING WATERS CIRCLE
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 27-0096336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREUSCH, WILLIAM E
1032 WINDING WATERS CIRCLE
WINTER SPRINGS, FL 32708 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:	MGRM	( ) Delete
Name:	PREUSCH, WILLIAM E	
Address:	1032 WINDING WATERS CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	MGRM	( ) Delete
Name:	PREUSCH, ALEXANDER W	
Address:	1032 WINDING WATERS CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	MGRM	( ) Delete
Name:	PREUSCH, ERIC M	
Address:	1032 WINDING WATERS CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	

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: WILLIAM PREUSCH MGRM 04/29/2005

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