2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L04000022078

Entity Name: FORE PLAY LLC

Current Principal Place of Business:

11691 GATEWAY BLVD., SUITE 104
FORT MYERS, FL 33913

New Principal Place of Business:

11691 GATEWAY BLVD.
SUITE 104
FORT MYERS, FL 33913

Current Mailing Address:

11691 GATEWAY BLVD., SUITE 104
FORT MYERS, FL 33913

New Mailing Address:

11691 GATEWAY BLVD.
SUITE 104
FORT MYERS, FL 33913

FEI Number: 37-1487298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

SARVER, ROBERT L II
11691 GATEWAY BLVD., SUITE 104
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

SARVER II, ROBERT L
11691 GATEWAY BLVD.
SUITE 104
FORT MYERS, FL 33913 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: ROBERT L. SARVER II 06/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SARVER, ROBERT L II
Address: 11691 GATEWAY BLVD., SUITE 104
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SARVER II, ROBERT L
Address: 11691 GATEWAY BLVD., SUITE 104
City-St-Zip: FORT MYERS, FL 33913

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: ROBERT L. SARVER II MGR 06/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date