2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

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Entity Name: DESOTO APPLIANCE & REPAIR, L.L.C.

Current Principal Place of Business:

8 WEST OAK STREET
ARCADIA, FL 34266

New Principal Place of Business:

209 N BREVARD AVE
ARCADIA, FL 34266

Current Mailing Address:

P.O. BOX 281
ARCADIA, FL 34265

New Mailing Address:

209 N. BREVARD AVE
ARCADIA, FL 34266

FEI Number: 20-0982931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LONGENECKER, MICHAEL S
901 W. WALDRON STREET
ARCADIA, FL 34266 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: LONGENECKER, MICHAEL S
Address: 901 W. WALDRON STREET
City-St-Zip: ARCADIA, FL 34266

Title: MGR ( ) Delete
Name: GREEN, LEORA D
Address: P.O. BOX 281
City-St-Zip: ARCADIA, FL 34265

ADDITIONS/CHANGES:

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: MICHAEL S. LONGENECKER MS 01/22/2005

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