2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024872

Entity Name: L. ROD SCREENING LC

ORLANDO, FL 32824

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2469 PINE CHASE CIRCLE ST. CLOUD, FL 34769 **Current Mailing Address: New Mailing Address:** 2469 PINE CHASE CIRCLE ST. CLOUD, FL 34769 FEI Number: 04-3788999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, LUIS M 2469 PINE CHASE CIRCLE ST. CLOUD, FL 34769 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RODRIGUEZ, LUIS M Name: Name: 2469 PINE CHASE CIRCLE Address: Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RODRIGUEZ, NELLIE Name: Name: Address: 2469 PINE CHASE CIRCLE Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition HOFFMAN, JESS M Name: Name: 1708 LAGUANA BAY APT 98 Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MEDINA, CARLOS Name: Address: 167 LONG RIDGE CT. Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CURRIE, ROBERT GARY Name: Name: 5790 E IRLO BRONSON MEM HWY Address: Address: City-St-Zip: ST CLOUD, FL 34771 City-St-Zip: Title: (X) Delete Title: () Change () Addition TERRELL. ROBERT Name: Name: Address: 9957 3RD AVENUE Address:

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.

City-St-Zip:

SIGNATURE: NELLIE RODRIGUEZ MGRM 04/27/2005