2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028286

13310 ABINGER DR

LITTLE ROCK, AR 72212

Address:

City-St-Zip:

Entity Name: PRICEOUT LLC

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 914 CURLEW ROAD SUITE 196 DUNEDIN, FL 34698 **New Mailing Address: Current Mailing Address:** 914 CURLEW ROAD SUITE 196 DUNEDIN, FL 34698 FEI Number: 20-0995258 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: PARK, CHARLES D 221 LÁGOON DR PALM HARBOR, FL 34683 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PARK, CHARLES D Name: Name: 221 LAGOON DR Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: NICKOOII, KAVEH Name: Address: 2955 BECKY RD APT 8 Address: City-St-Zip: CONWAY, AR 72034 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NICKOOII, ALI Name: Name: 5000 NEW BEDFORD PLACE APT 210 Address: Address: City-St-Zip: WINTERSPRING, FL 32708 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DOSOOYE, NILESHWAR Name: Name: Address: 242 NORTH AVALON ST Address: City-St-Zip: MEMPHIS, TN 38112 City-St-Zip: MGRM Title: () Delete Title: () Change () Addition CARR, KRISTIN K Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES PARK PRES 04/15/2005