2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000031869** 05-02-2005 90096 019 ****50.00 1. Entity Name IN HIS GRIP ENTERPRISES, LLC MUUUTUU~ Principal Place of Business Mailing Address 3864 PRADO DR 3864 PRADO DR SARASOTA, FL 34235 SARASOTA, FL 34235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 20-1225361 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, JOHN L Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. SARASOTA, FL 34236 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Р TITLE ☐X Delete TITLE Change ☐ Addition Packwood, Kathleen J. PACKWOOD, FREDERICK M NAME NAME 3864 Prado Drive 2504 52ND AVE. DRIVE WEST STREET ADDRESS STREET ADDRESS Sarasota, FL CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP VS X Delete Change ☐ Addition TITLE TITLE PACKWOOD, BRYON M NAME Packwood, Frederick M. STREET ADDRESS 3864 PRADO DRIVE STREET ADDRESS 3864 Prado Drive SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34235 TITLE ☐ Delete TITLE MGR X Change ☐ Addition NAME NAME Packwood, Frederick M. STREET ADDRESS STREET ADDRESS 3864 Prado Drive CITY-ST-ZIP CITY-ST-7IP Sarasota, FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

T NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
M. PACKWOOD, Its Manager

FILED