2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# L04000037560

Entity Name: XOMYS, L.L.C.

Current Principal Place of Business:

10801 POND RIDGE DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

10801 POND RIDGE DRIVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-1219621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLY, MICHAEL D
10801 POND RIDGE DRIVE
FORT MYERS, FL 33913 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: MGRM ( ) Delete
Name: KELLY, MICHAEL D
Address: 10801 POND RIDGE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: KELLY, SYLVIA C
Address: 10801 POND RIDGE DR
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: SYLVIA KELLY MGRM 04/12/2005

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