2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# L04000037959

Entity Name: SPLITS TM, LLC

Current Principal Place of Business:

4411 CLEVELAND AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

4411 CLEVELAND AVENUE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 57-1207446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMEONE, RICHARD J
4411 CLEVELAND AVENUE
FT. MYERS, FL 33901 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LAGESCHULTE, DAVID L
Address: 4411 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: MGRM ( ) Change (X) Addition
Name: GIBSON, MARK I
Address: 100 EAST PINE STREET
City-St-Zip: ORLANDO, FL 33801

Title: MGRM ( ) Change (X) Addition
Name: REVELLE, J G
Address: 100 EAST PINE STREET
City-St-Zip: ORLANDO, FL 33801

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: DAVID LAGESCHULTE MGRM 04/14/2005

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