2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# L04000040513

Entity Name: SHOWPRO LLC

Current Principal Place of Business:

993 ROYAL OAKS DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

993 ROYAL OAKS DRIVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 16-1714470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MERRICK, ROB
Address: 993 ROYAL OAKS DRIVE
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete
Name: MERRICK, DAN
Address: 5030 CALLE DE SOL
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MERRICK, ROBERT E MR.
Address: 993 ROYAL OAKS DRIVE
City-St-Zip: APOPKA, FL 32703

Title: MGRM (X) Change ( ) Addition
Name: MERRICK, DANIEL P MR.
Address: 5030 CALLE DE SOL
City-St-Zip: ORLANDO, FL 32819

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: ROBERT E MERRICK MGRM 05/25/2005

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