2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041148

Entity Name: LDS & ASSOCIATES, LLC

FILED Mar 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

220 FAIRWAY E. 3605 E. LAKE TODD DR. TEQUESTA, FL 33469 HERNANDO, FL 34442

Current Mailing Address: New Mailing Address:

220 FAIRWAY E. 3605 E. LAKE TODD DR. TEQUESTA, FL 33469 HERNANDO, FL 34442

FEI Number: 20-1301576 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:

SIMON, DAWN O
220 FAIRWAY E.
TEQUESTA, FL 33469 US
SIMON, DAWN O
3605 E. LAKE TODD DR..
HERNANDO, FL 34442 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: DAWN O. SIMON 03/17/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete Name: SIMON, DAWN O Address: 220 FAIRWAY E.

Address: 220 FAIRWAY E.
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM () Delete
Name: SIMON, LEWIS F
Address: 220 FAIRWAY E.
City-St-Zip: TEQUESTA, FL 33469

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: SIMON, DAWN O
Address: E. LAKE TODD DR.
City-St-Zip: HERNANDO, FL 34442

Title: MGRM (X) Change () Addition

 Name:
 SIMON, LEWIS F

 Address:
 E. LAKE TODD DR.

 City-St-Zip:
 HERNANDO, FL 34442

Title: MGRM () Change (X) Addition

Name: BORGESON, SCOTT
Address: 9310 E. GOBBLER DR.
City-St-Zip: FLORAL CITY, FL 34436

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: DAWN O. SIMON MGRM 03/17/2005