

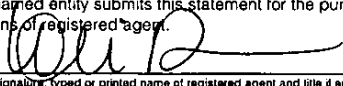
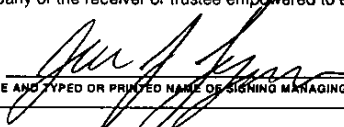


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000045587</b> 1. Entity Name <b>CIRCLE L HOLDINGS OF ORANGE COUNTY, LLC</b>				<b>FILED</b>  05 MAY -2 PM 2:19  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7645 TRALEE WAY BRADENTON, FL <del>34203</del> 34202</b>		Mailing Address <b>7645 TRALEE WAY BRADENTON, FL <del>34203</del> 34202</b>		  04122005 Chg-LLC CR2E083 (10/03)	
2. Principal Place of Business <b>7645 Tralee Way</b> Suite, Apt. #, etc. <b>Bradenton FL</b>		3. Mailing Address <b>P.O. BOX 623</b> Suite, Apt. #, etc.			
City & State <b>Bradenton FL</b>		City & State <b>TALLEHAST FL</b>			
Zip <b>34202</b> Country <b>USA</b>		Zip <b>34210</b> Country <b>USA</b>			
4. FEI Number <b>55-0871834</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HRIC, MICHAEL 2801 FRUITVILLE ROAD SUITE 100 SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent Name <b>LORI M DORMAN, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 12th STREET WEST</b> City <b>BRADENTON FL 34205</b>			
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 <u></u> <span style="float: right;">04/22/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNN, JESSE J 7645 TRALEE WAY BRADENTON, FL <del>34203</del> 34202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, LYNN, JESSE J. 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100054223071</b> <b>05/10/05--01070--005 **858.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/22/05 941-907-7240 <small>Date Daytime Phone #</small>		