2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPE

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000050057** 04-04-2005 90428 008 ****50.00 BELLY WADDING, L.L.C. Principal Place of Business Mailing Address OFFICERORS 12445 U.S. 301 12445 U.S. 301 DADE CITY, FL 33525 DADE CITY, FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable <u> 20-1333208</u> Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DWYER, DANIEL E ESQ. Street Address (P.O. Box Number is Not Acceptable) 14217 THIRD STREET DADE CITY, FL 33523-3828 City FL Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition ALTMAN, ALLEN NAME NAME STREET ADDRESS 12445 U.S. 301 STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 CITY-ST-7IP TITLE MGR ☐ Delete TITLE ☐ Chance ☐ Addition JOHNSON, DAN NAME NAME STREET ADDRESS 31448 REED ROAD STREET ADDRESS CITY - ST - ZIP DADE CITY, FL 33523 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition SIMPSON, WILTON NAME NAME STREET ADDRESS P.O. BOX 721 STREET ADDRESS CITY-ST-ZIP TRILBY, FL 33593 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information indicated on this report is true and with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my additive shall have the same legal effect as if made under oath; that I am a managing member or manager of the ustee employed by execute this report as required by Chapter 608, Florida Statutes. e and that my limited liability company or the SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED