

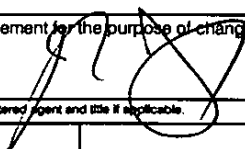


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90009 029 ****50.00

DOCUMENT # L04000051449 1. Entity Name SAPONY ENTERPRISES LTD. CO.					
Principal Place of Business 1053 MAITLAND CENTER COMMONS BLVD. 2ND FL MAITLAND, FL 32751			Mailing Address 1053 MAITLAND CENTER COMMONS BLVD. 2ND FL MAITLAND, FL 32751		
2. Principal Place of Business 7512 Dr Phillips Blvd Suite, Apt. #, etc. Ste 50 Unit #130		3. Mailing Address 7512 Dr Phillips Blvd Suite, Apt. #, etc. Ste 50 Unit #130			
City & State Orlando FL		City & State Orlando, Florida		4. FEI Number 01192005 Chg-LLC CR2E083 (10/03)	
Zip 32819		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER & TUDHOPE, P.A. 1053 MAITLAND CENTER COMMONS BLVD., 2ND FL MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name ICARDI + ICARDI, P.A. Street Address (P.O. Box Number is Not Acceptable) 549 North Highway Road Ste 109 2180 West State Road 434, Suite 6190 Longwood City Orlando FL Zip Code 32751 32779	
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  JEFFREY A. ICARDI DATE 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete Chabot, Shauna 7512 Dr. Phillips Blvd., Ste 50, Unit 130 Orlando, FL 32819			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
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: Doug Kennedy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4-11-05 Daytime Phone #	