2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Allen E. Henderson, Pres. of Henderson Brothers, Inc.

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000055343 HENDERSON BROTHERS/MANATEE, LLC 05 SEP -8 AM 10: 04 Mailing Address Principal Place of Business 9950 PRINCESS PALM AVENUE 4520 WEST WOODMERE RD. TAMPA, FL 33609 SUITE 340 TAMPA, FL 33619 3. Mailing Address 711 S. Howard Avenue 2. Principal Place of Business 711 S. Howard Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 08272005 Chg-LLC CR2E083 (10/03) Suite 200 Suite 200 Applied For City & State City & State 4. FEI Number 20-1607707 Not Applicable <u>Tampa, Fl</u> Tampa, FL Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33606 33606 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDERSON, ALLEN E Street Address (P.O. Box Number is Not Acceptable) 711 S. HOWARD AVNEUE, SUITE 200 TAMPA, FL 33606 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Mgr **MGRM** TITES Delete TITLE X Change ☐ Addition HENDERSON BROTHERS, INC. NAME NAME Henderson Brothers, Inc. STREET ADDRESS 4520 W. WOODMERE ROAD STREET ADDRESS 711 S. Howard Avenue, Ste. 200 TAMPA, FL 33609 CITY-ST-ZIR CITY-ST-ZIP Tampa, FL 33606 MGR TITLE X Delete TITLE ☐ Change X Addition NAME HENDERSON, ALLEN E NAME Adkins, William M., Jr. STREET ADDRESS 4520 W. WOODMERE ROD STREET ADDRESS 9950 Princess Palm Avenue, Ste. 340 TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33619 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME **50006005057** 03/28/05--01054--016 *** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 receive of trustee employment to execute this report as required by Chapter 608, Florida Statutes. 813-245-1489 9/1/05 SIGNATURE SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED Daytime Phone