2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# L04000057610

Entity Name: NO ROAD, LLC

Current Principal Place of Business:

5500 PHILLIPS HWY
JACKSONVILLE, FL 32207

New Principal Place of Business:

9283-2 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

Current Mailing Address:

5500 PHILLIPS HWY
JACKSONVILLE, FL 32207

New Mailing Address:

9283-2 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

FEI Number: 04-3796175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAYAR, GEORGE Y
5500-00 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

DAVID, CHARLES
9283-2 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 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: CHARLES J. DAVID 03/21/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: DAVID, CHARLES
Address: 5500 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR (X) Delete
Name: SAYAR, GEORGE Y
Address: 5500 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAVID, CHARLES
Address: 9283-2 SAN JOSE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES DAVID MGR 03/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date