2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Acres Require 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAACK, JAMES A ESQ 900 DREW STREET STE. 1 CLEARWATER, FL 33755 City FL Zip Co. 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 the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TAMES A STAACL SIREET ADDRESS Country Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co. NOTE: Registered Agent signature required when refrestating) DATE Make check payable to Florida Department of Sta	pplied For ot Applicable ditional ad
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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 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 managing timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	