

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060022

FILED
Jul 01, 2005
Secretary of State

Entity Name: EXPLORER INVESTMENTS, LLC

Current Principal Place of Business:

1150 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

1150 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-1652714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALZ, JEFF W
26330 DALLAS DRIVE
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

WALZ, JEFF W
7202 PERIWINKLE CT
BROOKSVILLE, FL 34602 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:

07/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALZ, JEFF W
Address: 26330 DALLAS DRIVE
City-St-Zip: BROOKSVILLE, FL 34602

Title: MGR () Delete
Name: BROOKSVILLE INVESTME, NTS, LLC
Address: 22290 GREEN VALLEY TRAIL
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES:

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

Title: MBR (X) Change () Addition
Name: BROOKSVILLE INVESTME, NTS, LLC
Address: 22290 GREEN VALLEY TRAIL
City-St-Zip: BROOKSVILLE, FL 34601

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: JEFF WALZ

MGRM

07/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date