2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

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|--|---|--|---|----------------------|-------------------|---|-------------------------------------|-------------------------|--|
| DOCUMENT # L0400060204 1. Entity Name DAVID LEWIS LLC | | | | | | 04-29-2005 | 90033 04 | 4 ****5(| 0.00 |
| Principal Place | e of Business | Mailing Address | | | | | | | |
| . 11060 HIGHWAY 87 NORTH MILTON, FL 32570 | | 11060 HIGHWAY 87 NORTH MILTON, FL 32570 | | | | | | | |
| | | | | | | 16 4 1 71 16 7 18 4 194 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | _ | | | | - | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04122005 | Chg-LLC | CR2E08 | 3 (10/03) | | |
| City & State | | City & State | | 4. FEI Number 8 10 6 | 53403 | | | plied For Applicable | |
| Zip | Country | Zip | Country | | | of Status Desired | \$ | 5.00 Add | litional d |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | egistered A | gent | |
| LEWIS, DAVID | | | Nami |) | | | | | |
| | HWAY 87 NORTH | | Stree | Address (| P.O. Box Numb | er is Not Acceptable | i) | | |
| | | | ŀ | | | | | | |
| | | | City | | | | FL | Zip Code | 9 |
| | named entity submits this statement for ions of registered agent. | or the purpose of changing its re | egistered office | or register | ed agent, or bo | th, in the State of Flo | rida. I am fa | miliar with. | and accept |
| SIGNATURE . | | | | | | | | | |
| | Signature, blood or printed name of registered agent | and title if applicable (NOTE: | Registered Agent 50 | nature required | when reinstation) | | DATE | | |
| | Signature, typed or printed name of registered agent | and title if applicable (NOTE: | Registered Agent sig | nature required | when reinstating) | | DATE | <u> </u> | |
| | Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2005 | and title if applicable (NOTE: | Registered Ageni sig | nature required | when reinstating) | | e check pa Departme | | 9 |
| | | | Registered Agent sig | natura raquired | when reinstating) | | e check pa Departme | | 3 |
| Fi D | ling Fee Is \$50.00 ue by May 1, 2005 | | | nature required | when reinstating) | Florida | e check pa Departme | | B |
| 9. UILLE NAME | ling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBI MGR LEWIS, DAVID | ERS/MANAGERS | 10. TITLE NAME | | when reinstating) | Florida | e check pa Departme | nt of State | |
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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 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: Deut Deut Deut Deut Service 4-27-55 850-675-2145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Days Proced