

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Apr 25, 2005
Secretary of State**

DOCUMENT# L04000064072

Entity Name: TOZ, LLC

Current Principal Place of Business:

1005 CYPRESS LANE
MEXICO BEACH, FL 32410

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14165
MEXICO BEACH, FL 32410

New Mailing Address:

FEI Number: 65-1231988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIEL, JOSEPH M
307 ROBIN LANE
MEXICO BEACH, FL 32410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OWEN, KATHLEEN B
Address: P.O. BOX 13632
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGRM () Delete
Name: THIEL, JOSEPH M
Address: P.O. BOX 13012
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGRM (X) Delete
Name: ZIVNUSKA, JOHN R
Address: P.O. BOX 14165
City-St-Zip: MEXICO BEACH, FL 32410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THIEL, JOSEPH M
Address: PO BOX 13012
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGRM (X) Change () Addition
Name: ZIVNUSKA, JOHN R
Address: PO BOX 14165
City-St-Zip: MEXICO BEACH, FL 32410

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: JOHN R. ZIVNUSKA

MGRM

04/25/2005

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