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Apr 27, 2005 8:00 am
Secretary of State
03-31-2005 90128 033 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3

DOCUMENT # L04000066574

1. Entity Name
NEELEY ENTERPRISES, LLC

Principal Place of Business	Mailing Address
3615 COCONUT TERRACE LANE BRADENTON, FL 34210	P.O. BOX 187 BRADENTON BEACH, FL 34217

03012005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4803 Mangrove Point Rd.	4803 Mangrove Point Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton Fl
Zip: 34210 County: Manatee	Zip: 34210 County: Manatee

4. FEI Number: 20-1624750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEELEY-MARSHALL, VANGIE
3615 COCONUT TERRACE LANE
BRADENTON, FL 34210

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4803 Mangrove Point Rd.
City: Bradenton FL Zip Code: 34210

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, and accept the obligations of registered agent.

SIGNATURE: Vangie Neeley Marshall DATE: 3/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEELEY-MARSHALL, VANGIE 3615 COCONUT TERRACE LANE BRADENTON, FL 34210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 4803 Mangrove Point Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Vangie Neeley Marshall 3/28/05 941 778.3127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #