


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90039 008 \*\*\*\*50.00

<b>DOCUMENT # L04000067885</b>	
1. Entity Name <b>INNER ARMOUR, LLC</b>	

Principal Place of Business <b>2340 PERIWINKLE WAY J-2 SANIBEL FL 33957 US</b>	Mailing Address <b>2340 PERIWINKLE WAY J-2 SANIBEL FL 33957 US</b>
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2. Principal Place of Business <b>5607 Deauville Court</b>	3. Mailing Address <b>5607 Deauville Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State <b>Cape Coral FL</b>	City & State <b>Cape Coral FL</b>
Zip <b>33904</b>	Zip <b>33904</b>
Country <b>Lee</b>	Country <b>Lee</b>

4. FEI Number <b>76-0766972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RIZZO, THOMAS F 2340 PERIWINKLE WAY J-2 SANIBEL FL 33957</b>	
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7. Name and Address of New Registered Agent Name <b>MORIN, MARQUERITE L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5607 Deauville Court</b> City <b>Cape Coral</b> FL Zip Code <b>33904</b>	
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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 <b>MORIN, MARQUERITE L. Treas./ Secy</b> DATE <b>4/29/05</b>	
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORIN, JOHN Y 1130 GOLDEN OLIVE SANIBEL FL 33957 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITCH, BRIAN 1130 GOLDEN OLIVE SANIBEL FL 33957 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres FITCH, BRIAN 44 TRANT ROAD GLASTONBURY CT. 06033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. Impelluso, Robert 804 BRIARWOOD COURT ROCKY HILL CT. 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. MORIN, MARQUERITE 5607 Deauville Ct. Cape Coral FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy. MORIN, MARQUERITE 5607 Deauville Court Cape Coral FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. Alden, Rin 1130 Golden Olive Sanibel FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MORIN, John Y. 1130 Golden Olive Sanibel FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <b>MARQUERITE L. MORIN</b>	DATE: <b>4/29/05</b>	DAYPHONE: <b>339-540-4000</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		