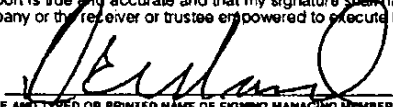


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (A/R)

FILED
May 16, 2005 8:00 am
Secretary of State

04-20-2005 90029 012 ****50.00

DOCUMENT # L04000068998 1. Entity Name A. E. WARD, LLC					
Principal Place of Business 3168 MAIN STREET COTTONDALE FL 32431 US			Mailing Address P.O. BOX 97 COTTONDALE FL 32431 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WARD, ALLEN E SR. 3168 MAIN STREET COTTONDALE FL 32431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
SIGNATURE			DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, ALLEN E SR. P.O. BOX 97 COTTONDALE FL 32431	☐ Delete			
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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:  4-14-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					