2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

TITLE MGRM Delete TITLE MGRM Danny E. King NAME KING, DOYLE W STREET ADDRESS 72 BARRACUDA STREET DESTIN, FL 32541 CIY-SI-ZIP Newton, AL 36532	DOCU 1. Entity Nam BORDAD		162					02-14-200	•		
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PLEAT, DAVID B 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541 City FL Zip Code City Zip Code City FL Zip Code City FL Zip Code City		6. Name and Address of Current	Registered Agent			• '	7. Name and	Address of New	Registered	Agent	
SUTTE 202 DESTIN, FL 32541 City FL Zip Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the regi	DI CAT D	AVAID D			Name						
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indicated on this report is true and apcyrate and that my signature shall have the sape legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Doyle W. Kin SIGNATURE AND TYPED OR PONTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Doyle W. King

2/9/05

251-743-6329

Daytime Phone #