


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2005 MAR -7 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000069187		
1. Entity Name TUG AND ASSOCIATES LLC		

Principal Place of Business 6503 MUCK POND ROAD SEFFNER, FL 33584-2438 US	Mailing Address 6503 MUCK POND ROAD SEFFNER, FL 33584-2438 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1641278	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BURNSIDE, KARA 13821 FLETCHER MILL DRIVE TAMPA, FL 33613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRAW, KRISTIN 6503 MUCK POND ROAD SEFFNER, FL 335842438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISTIN SWOFFORD MCGRAW 6503 MUCK POND ROAD SEFFNER, FL 33584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, EVELYN C 4002 ASTON PLACE PLANT CITY, FL 335660982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRAW, DAVID E. 6503 MUCK POND ROAD SEFFNER, FL 335842438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600047981996 03/09/05--01004--019 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JOSEPH B 4002 ASTON PLACE PLANT CITY, FL 335660982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Kara Burnside Kara Burnside 2/28/05 813-643-9748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #