2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 18, 2005 8:00 am Secretary of State

July 10, 2005 (813)505-0871

Principal Place of Business 209 WEST VERNE STREET SUITE B TAMPA, FL 33606 US 3. Mailing Address SAME Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Since Agent and Address of Current Registered Agent Applied For Not Applicate Fee Required 7. Name and Address of New Registered Agent Suite Agent and Address of New Registered Agent Suite B TAMPA, FL 33606 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable SIGNATURE Signature, pred or printed name of registered agent and site of applicable. (NOTE: Registered Agent supnature required when rematating) OATE
SUITE B TAMPA, FL 33606 US SUITE B TAMPA, FL 33606 US 2. Principal Place of Business SAME Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JASON ROGOZINSKI ESQ., ATTORNEY AT LAW 209 WEST VERNE STREET SUITE B TAMPA, FL 33606 City City 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 acceptable SIGNATURE SIGNATURE SIGNATURE
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Suite, Apt. #, etc. City & State City & State City & State City & State Country State State Country State State State Country State State Country State State State Country State State Street Address of New Registered Agent Name Name Show Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address of Plorida. I am familiar with, and acceptable obligations of registered agent. SIGNATURE NAME Suite Apt. #, etc. O7092005 Chg-LLC CR2E083 (10/03) Applied For Not Applied For State Of Status Desired Status Des
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Filing Fee is \$50.00 Make check payable to Due by September 7, 2005 Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES
TITLE MGR Delete TITLE Change Addition
NAME EBERT, MATTHEW STREET ADDRESS 3211 W. OAKELLAR AVENUE STREET ADDRESS
CITY-SI-ZIP TAMPA, FL 33611 CITY-SI-ZIP
TITLE MGRM Delete TITLE Change Additi
NAME NORTHRUP, GEORGE NAME STREET ADDRESS 210 S. NEW JERSEY AVENUE JUNIT B STREET ADDRESS
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