2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am Secretary of State DOCUMENT # L04000083882 1. Entity Name 02-23-2005 90154 020 ****50.00 F AND S PALEO, LLC Principal Place of Business Mailing Address 2201 CANTU COURT SUITE 104 2201 CANTU COURT SUITE 104 SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARLING, FRED M Street Address (P.O. Box Number is Not Acceptable) 2201 CANTU COURT SUITE 104 SARASOTA FL 34232 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM □ Addition TITLE П Спалае TITLE FRED M. STARLING NAME NAME STREET ADDRESS 2201 CANTU COURT, SUITE 104 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP MGRM ☐ Delete ☐ Change ☐ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

FRED M. STARLING, MGRM

02/16/05

Date

FILED

941-378-3811

Daytime Phone #

Addition