2005 LIMITED LIABILITY COMPANY

Apr 27, 2005 8:00 am Secretary of State ANNUAL REPORT 04-27-2005 90022 009 ****50 00 **DOCUMENT # L99000006449** 1. Entity Name 6301 MEMORIAL BUILDING TRUST, L.L.C. Mailing Address Principal Place of Business 14001392, 5770 ROOSEVELT BOULEVARD, #625 5770 ROOSEVELT BOULEVARD, #625 CLEARWATER, FL 33760 CLEARWATER, FL 33760 03222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3594946 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEFLOCH, EUGENE M DO NOT WRITE 2625 PARK TOWER, 400 N. TAMPA ST. TAMPA, FL 33602 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME REMUND, RENE A 5770 ROOSEVELT BLVD. #625 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE

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.

Lene A. Remund

NAME STREET ADDRESS CITY-ST-ZIP .

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