

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006979

FILED
May 12, 2005
Secretary of State

Entity Name: CITY OF GOD, LC

Current Principal Place of Business:

1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, STE 247
ORLANDO, FL 328197610

New Principal Place of Business:

Current Mailing Address:

1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, STE 247
ORLANDO, FL 328197610

New Mailing Address:

FEI Number: 59-3620976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, STE 247
ORLANDO, FL 328197610 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PAMPLIN, RICK
Address: 1000 UNIVERSAL STUDIOS PLAZA, BLDG. 22A
City-St-Zip: ORLANDO, FL 328197610

Title: MGR () Delete
Name: WHITACRE, WILLIAM L
Address: 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICK PAMPLIN

MGR

05/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date