2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 19, 2005 08:00 AM Secretary of State **DOCUMENT # L99000007900** 1. Entity Name MC GINNIS, YOUNG & ASSOCIATES, L.L.C. Principal Place of Business_ Mailing Address 1650 BARRETT DRIVE 1650 BARRETT DRIVE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 04122005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3636241 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCGINNIS, HOWARD W 1650 BARRETT DRIVE ROCKLEDGE, FL 32955 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 Signature, typed or printed name of registered agent and little if applicable. INOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM MCGINNIS, HOWARD NAME STREET ADDRESS 3125 TREETOP DR. TITUSVILLE, FL 32780 CITY-ST-ZIP MGRM TITLE NAME YOUNG, HARRY D 047.197.05-30036 vide St. un STREET ADDRESS 1555 MAGNOLIA ST. NE PALM BAY, FL 32905 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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 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 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 certific that the information indicated on this report is true.

FILED