## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Feb 25, 2005 08:00 AM Secretary of State

| ANNUAL REPURI                                                               |                                                                                                                      |                                                                                                                                          |                                                                                     |                                                                                                                      | UUS UB:UU A                                          |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| DOCU 1. Entity Nam DAYSIL,                                                  |                                                                                                                      | )9092<br>                                                                                                                                |                                                                                     | Secret                                                                                                               | ary of State                                         |
| 1 '                                                                         | e of Business<br>ER BRIDGE ROAD<br>84471                                                                             | Mailing Address<br>1932 CLATTER BRIDGE ROAD<br>OCALA, FL 34471                                                                           |                                                                                     | T<br>                                                                                                                | O CONTRACTOR PONTO POLICOR DE PONTO                  |
| DO NOT WRITE IN THIS SPACE                                                  |                                                                                                                      |                                                                                                                                          | 02142005 No Chg-LLC CR2  4. FEI Number 65-0981627  5. Certificate of Status Desired | E083 (10/03)  Applied For Not Applicable \$5.00 Additional Fee Required                                              |                                                      |
|                                                                             | 6. Name and Address of Curre                                                                                         | ent Registered Agent                                                                                                                     |                                                                                     |                                                                                                                      |                                                      |
| SILVER, DAYLE<br>1932 CLATTER BRIDGE ROAD<br>OCALA, FL 34471                |                                                                                                                      |                                                                                                                                          | DO NOT WRITE<br>IN THIS SPACE                                                       |                                                                                                                      |                                                      |
| the obligat                                                                 | ions of registered agent, Signature, typed or printed name of registered ag                                          |                                                                                                                                          | ed office or register  t Agent signature required                                   | ed agent, or both, in the State of Florida. I an                                                                     |                                                      |
| 9.                                                                          | ling Fee is \$50.00<br>ue by May 1, 2005                                                                             | IBERS/MANAGERS                                                                                                                           |                                                                                     |                                                                                                                      |                                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                            | MGR<br>SILVER, DAYLE<br>1932 CLATTER BRIDGE ROA<br>OCALA, FL 34471                                                   |                                                                                                                                          |                                                                                     | U0000824334<br><u>0</u> 2/25/05-80062                                                                                | 3<br>-013 55.00                                      |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            |                                                                                                                      |                                                                                                                                          |                                                                                     | DO NOT WRIT                                                                                                          | 'E                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |                                                                                                                      |                                                                                                                                          |                                                                                     | IN THIS SPAC                                                                                                         | E                                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                                                      |                                                                                                                                          | =======================================                                             |                                                                                                                      |                                                      |
|                                                                             | certify that the information supplied von this report is true and accurate a billity company of the receiver or true | with this filing does not qualify for the exer<br>and that my signature shall have the same<br>titee empowered to execute this report as | nption stated in Se<br>legal effect as if m<br>required by Chapt                    | ction 119.07(3)(i), Florida Statutes. I further clade under oath; that I am a managing memier 608, Florida Statutes. | ertify that the information<br>ber or manager of the |