## 2005 LIMITED LIABILITY COMPANY

## FILĖD Feb 09, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L99000009276** 1. Entity Name ROLLING DUNES, L.C. Mailing Address Principal Place of Business 1905 SOUTH FLORIDA AVENUE 1905 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 LAKELAND, FL 33803 \_ CR2E083 (10/03) 01072005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3620368 \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JONES, RICHARD G DO NOT WRITE 1905 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS TITLE MGR SHIRAH, MICHAEL S NAME STREET ADDRESS 8054 FOUNTAINS LANE 0000000331316 CITY-ST-ZIP DESTIN, FL 32541 02/09/05-80022-023 50.00 TITO F JONES, R. GUERRY NAME 1905 SOUTH FLORIDA AVENUE STREET ADDRESS LAKELAND, FL 33803 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP RILE NAME STREET ADDRESS 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP