2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 26, 2005 08:00 AM **DOCUMENT # M02000000708 Secretary of State** T & L CONCEPTS, LLC Principal Place of Business Mailing Address 320 TRAMMELL STREET 320 TRAMMELL STREET CALHOUN, GA 30701 CALHOUN, GA 30701 02102005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3019408 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent OWENS, KIM A DO NOT WRITE 425 122ND STREET OCN MARATHON, FL 30050 IN THIS SPACE . 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 title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000277475 03/26/05-80031-008 50.00 9. MANAGING MEMBERS/MANAGERS MGRM mic NAME LAYSON, DIANA O STREET ADDRESS 320 TRAMMELL STREET CITY-ST-ZIP CALHOUN, GA 30701 IIII F MGRM NULF OWENS, KIM A STREET ADDRESS 320 TRAMMELL STREET CALHOUN, GA 30701 CHY-ST-ZP TITLE MANE STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TILLE NAME STREET ADDRESS DITY-ST-ZIP MLE NAME STREET ADDRESS

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: MOYOR OF PRINTED HAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

CTTY-ST-ZP

3-10-05

Daytime Phone #

FILED