

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000889

FILED
Jan 25, 2005
Secretary of State

Entity Name: ACTIVE MINERALS COMPANY, LLC

Current Principal Place of Business:

5700 CLEVELAND ST., STE. 420
VIRGINIA BEACH, VA 23462

New Principal Place of Business:

Current Mailing Address:

5700 CLEVELAND ST., STE. 420
VIRGINIA BEACH, VA 23462

New Mailing Address:

FEI Number: 75-2998693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: SPARKS, JAMES H
Address: 5700 CLEVELAND ST., STE. 420
City-St-Zip: VIRGINIA BEACH, FL 23462

Title: MGR () Delete
Name: JOHNSON, ALFRED D JR
Address: 6 NORTH PARK DR., STE. 105
City-St-Zip: HUNT VALLEY, MD 21030

Title: MGR () Delete
Name: PARKER, DENNIS C
Address: 6 NORTH PARK DR., STE. 105
City-St-Zip: HUNT VALLEY, MD 21030

ADDITIONS/CHANGES:

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

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: DON UPHOUSE

CTLR

01/25/2005

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