2005 LIMITED LIABILITY COMPANY

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2005 90093 028 ****50.00 **DOCUMENT # M03000000981 ROYAL PALM TRADERS LLC** Principal Place of Business Mailing Address 3422 OLD CAPITOL TRAIL #1205 PO BOX 565854 KENDALL, FL 33256 WILMINGTON, DE 19808-6192 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0530765 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. DO NOT WRITE 1333 DUVAL STREET TALLAHASSEE, FL 32302 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 egent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE LEWIS, NITA A NAME 3422 OLD CAPITOL TRAIL #1205 STREET ADDRESS CITY-ST-ZIP WILMINGTON, DE 19808 TMF NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP MIF

11. I hereby certify that the information supplied with this filling 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-7IP

FILED