

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90368 026 \*\*\*\*55.00

<b>DOCUMENT # M03000001709</b>					
<b>1. Entity Name</b> LION'S PRIDE PROPERTIES, L.L.C.					
<b>Principal Place of Business</b> 700 OLIVER RD. MONTGOMERY, AL 36117			<b>Mailing Address</b> 700 OLIVER RD. MONTGOMERY, AL 36117		
<b>2. Principal Place of Business</b> 4566 Hwy 20 East Suite, Apt. #, etc. Suite 206 City & State Niceville, FL Zip 32578		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country			
Country Oklawaha		02242005    Chg-LLC    CR2E083 (10/03)			
<b>4. FEI Number</b> 52-2378280		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b>		<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> PRICE OIL, INC. 4203 COUGAR CIRCLE NICEVILLE, FL 32578			<b>7. Name and Address of New Registered Agent</b> Name <u>Price Oil, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4566 Hwy 20 East, Suite 206</u> City <u>Niceville</u> <u>FL</u> Zip Code <u>32578</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRICE OIL, INC. 4203 COUGAR CIRCLE NICEVILLE, FL 32578	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Price Oil, Inc. 4566 Hwy 20 East, Suite 206 Niceville, FL 32578
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date _____    Daytime Phone # _____					