2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # L01000005959

1. Entity Name

5715 GEORGIA AVE., L.L.C.

Principal Place of Business	Mailing Address
505 SOUTH FLAGLER SUITE 1010 WEST PALM BEACH FL 33401	505 SOUTH FLAGLER SUITE 1010 WEST PALM BEACH FL 33401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

44002853

□ CHECK HERE IF MAKING CHANGES

4. FEI Number	65-1092333	Applied For
		Not Applicable

5. Certificate of Status Desired □ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 505 S FLAGLER DR. STE 1010 WEST PALM BEACH FL 33401	Name: Scott A. Johnson Street Address (P.O. Box Number is Not Acceptable): 505 South Flagler Drive Ste 1010 City: West Palm Beach FL Zip Code: 33401

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS | **10. ADDITIONS / CHANGES**

TITLE	MGR	□ Delete	TITLE	□ Change □ Addition
NAME	JOHNSON, RICHARD S JR.		NAME	
STREET ADDRESS	505 SOUTH FLAGLER		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	
TITLE	MGR	□ Delete	TITLE	□ Change □ Addition
NAME	JOHNSON, SCOTT		NAME	
STREET ADDRESS	505 SOUTH FLAGLER DR. STE 1010		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	
TITLE	MGR	□ Delete	TITLE	□ Change □ Addition
NAME	KOENIG, PATRICK C		NAME	
STREET ADDRESS	505 SOUTH FLALGER DR STE 1010		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (10/02)

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: SIGNATURE REQUIRED Pres. 5/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #