2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

SCHIGIEL, LEON 3200 N.W. 77TH COURT MIAMI, FL 33122 B. The above named only submits this statement for the purposed of changing its registered digent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent. SIGNATURE SIGNATURE MANAGING MEMBERS MANAGERS MANAGING MEMBERS MANAGERS MANAGING MEMBERS MANAGERS THE MORE STATES TO THE STA		NE, L.L.C.				
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1127413	3200 N.W. 7	7TH COURT	3200 N.W. 77TH COURT			
S. Name and Address of Current Registered Agent SCHIGIEL, LEON DO NOT WRITE IN THIS SPACE IN THIS SPACE The above named writhy submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and an other obligations of registered agent, or both, in the State of Florida. I am familiar with, and an other obligations of registered agent. IGNATURE Sopretur system agent a state of floridation of registered agent and the registed. Fulling Fee 1s \$50.00 Due by May 1, 2005 L. MANAGING MEMBERS/MANAGERS THE MARK MARK MAY AGENT AGENTS IN STATE MAMM, FL 33122 THE MARK MERITARORISS THY-ST-2P THE MARK MA	D	O NOT WRIT	E IN THIS SPA	VCE	04182005No Chg-LLC	CR2E083 (10/03)
S. Name and Address of Current Registered Agent SCHIGIEL, LEON MAMM, FL 33122 IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and so the obligations of registered agent, or both, in the State of Florida. I am familier with, and so the obligations of registered agent agen						
IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THE above named only 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 so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent, or both, in the State of Florida. I am familiar with, and so the floridar with a registered of floridar with with with, and so the floridar with, and so the floridar with and so the floridar w		B. Name and Address of Cur	rent Registered Agent		1	1 ea Meditor
The chilipations of registered agent. SIGNATURE Signature. Vyert or philipation remore of registered agent and the #applicable. (NOTE Peoplewood Agent signature required which minimisting) DATE Filling Fee is \$50,000 Due by May 1, 2005 B. MANAGING MEMBERS/MANAGERS THE MGRM SCHIGIEL, LEON 3200 NW 77 COURT STREET ADDRESS THE STREET ADDRESS IN THE Information supplied with this filling does not qualify for the exemption stated in Section 119.07(30). Profind Statutes. I Livrate certify that the information inclination of the street information contributes and that my street information address and that my street information are address and that my street information are and the street information address and that my street information are and the street information and the street i	3200 N.W.	77TH COURT		- 1111111111111111111111111111111111111	the sign and the second that there is	
Filling Fee is \$50.00 Due by May 1, 2008 THE MANAGING MEMBERS/MANAGERS THE MGRM SCHIGIEL, LEON THER ADDRESS TITY-ST-2P TILE AME TREE ADDRESS TITY-ST-2P TILE TILE TILE TILE TILE TILE TILE TILE	the obligati	named entity submits this stateme ions of registered agent.	nt for the purpose of changing its regist	ered office or register	red agent, or both, in the State of Flori	da. I am familiar with, and accep
MANAGING MEMBERS/MANAGERS THE MIGHT MORES SCHIGHEL, LEON 3200 NW 77 COURT THE MANAMI, FL 33122 THE MANE TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TR'-ST-2P THE THE THE THE THE THE THE THE THE TH		Signature, typed or printed name of registered	agent and this if applicable. (NOTE Regist	ered Agent signature required	t whom minutesing)	DATE
MARE MARE MIDEL ADDRESS MITST-ST-ZP TILE MARE TITST-ST-ZP TILE ALE MARE TITST-ST-ZP TILE MARE TITST-ZP TITST-Z	Fii Du	iling Fee is \$50.00 ue by May 1, 2005	· -			
WILE SCHIGIEL, LEON 3200 NW 77 COURT MIAMI, FL 33122 TILE MAE THEET ADDRESS TITY-ST-ZIP TILE THEET ADDRESS TITY-ST-ZIP THEET ADDRESS TITY-ST-ZIP THEET ADDRESS TITY-ST-ZIP THEET ADDRESS TITY-ST-ZIP THEET ADDRESS TITY-ST-ZIP THEET ADDRESS TITY-ST-ZIP THEET ADDRE			MBERS/MANAGERS			
TITLE WASE STREET ADDRESS SITY- ST-ZIP TO NOT WRITE IN THIS SPACE THE ANNE STREET ADDRESS SITY- ST-ZIP TITLE WASE STREET	VAME STREET ADDRESS	SCHIGIEL, LEON 3200 NW 77 COURT			的一种。 11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	
TITLE HAME STREET ADDRESS STRY-ST-ZIP TITLE HAME HAME STREET ADDRESS STRY-ST-ZIP TITLE HAME HAME HAME HAME HAME HAME HAME HAM	MANE					
TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP	TTY-ST-ZIP		#		04/45/85	1933015 80083-004 50.00
TITLE TAME TITLE TAME TITLE TITL	STREET ADDRESS CITY-ST-ZIP		 	Carlo Association of		
INTERED ADDRESS INTY-ST-ZIP INTERED ADDRESS INTY-ST-ZIP 1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I turther certify that the information does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I turther certify that the information does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I turther certify that the information disclosed on this report is true and accurate and that my signature shall have the same legal effect as if made under onthe that I am a managing member or manager of the	IAME Treet address				IN THIS SP	ACE
INLE LAME THEET ADDRESS THY-ST-ZP 1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I turther certify that the information did control indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under onth, that I am a managing member or manager of the	IAME STREET ADDRESS					ARTON ARTON
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes, I turther 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 onthe that I am a managing member or manager of the	TITLE LAME					
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the	11. I hereby c	certify that the information supplied	with this filing does not qualify for the e	xemption stated in Se		urther certify that the information
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	indicated Ilmited liab	on trus report is true and accurate billly company or the receiver or tr	and that my signature shall have the saustee empowered to execute this report	me legal effect as if n as required by Chap	nade under oath; that I am a managir ter 608, Florida Statutes.	ng member or manager of the