2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 29, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # L02000001958 1. Entity Name FIORENTINO & ASSOCIATES, LLC Principal Place of Business Mailing Address		Secretary of State	
Principal Place of Business 50 N. LAURA ST., STE. 2750 JACKSONVILLE, FL 32202 Mailing Address 50 N. LAURA ST., STE. 2750 JACKSONVILLE, FL 32202			
DO NOT WRITE IN THIS SPACE			03172005 No Chg-LLC CR2E083 (10/03)
			4. FEI Number Applied For 02-0538077 Not Applicable
			5. Certificate of Status Desired
	6. Name and Address of Current Registered Agent		
BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA ST., STE. 2750 JACKSONVILLE, FL 32202			DO NOT WRITE IN THIS SPACE
 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			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	P FIORENTINO, T.M. 50 N LAURA ST STE 2750 JACKSONVILLE, FL 32202		U00000341434 04/29/05-80014-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/23/03-60014-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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			