

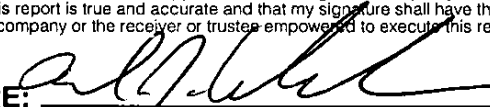


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031376 1. Entity Name TOLL FL I, LLC					
Principal Place of Business 3103 PHILMONT AVE. HUNTINGDON VALLEY, PA 19006			Mailing Address 3103 PHILMONT AVE. HUNTINGDON VALLEY, PA 19006		
2. Principal Place of Business 250 Gibraltar Road		3. Mailing Address 250 Gibraltar Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05052005 Chg-LLC CR2E083 (10/03)	
City & State Horsham, PA		City & State Horsham, PA		4. FEI Number NOT APPLICABLE	
Zip Country 19044		Zip Country 19044		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLL, ROBERT I 3103 PHILMONT AVE. HUNTINGDON VALLEY, PA 19006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Gibraltar Road Horsham, PA 19044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARZILAY, ZVI 3103 PHILMONT AVE. HUNTINGDON VALLEY, PA 19006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Gibraltar Road Horsham, PA 19044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RASSMAN, JOEL H 3103 PHILMONT AVE. HUNTINGDON VALLEY, PA 19006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Gibraltar Road Horsham, PA 19044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Mark J. Warshauer Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5/05/05		Daytime Phone #

FILED
05 MAY -6 AM 10:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA