.2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business Sulte, Apt. F. etc. City & State Country Zip Country S. Certificate of Status Desired Y. S. DO Addisconsil Foe Required Foe Required 7. Name and Address of New Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) DIREADO, FL 32881 Steed Address (P.O. Box Number is Not Acceptable) DIREADO, FL 328290 B. The above numbed early submits fire statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent, or both, in the State of Fonds. Ten Employment agent is registered office or registered agent. District agent agent agent agent is registered agent. The Applied Department of State The App	DOCUMENT # L04000017583								1	a . · ?	
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GRAY, N. DWAYNE JR. ESO GRAY, N. DWAYNE JR. ESO CO GREENSPOON, MARDER, ET AL 136-WEST-CENTRAL AVE., 3UHE 1409 GRILANDO, FL. 32894 8. The above named entry Jubries this statement for the purpose of changing its registered office or registered agent. SIGNATURE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS INE MAR MARY, FL. 32746 INE MAR MARY, FL. 32746 INE MAR MARY, FL. 327410 Deale LAU, PATLICK E. LAU, PATLIC	Zip	Country	Zìp	Count	try					\$5.00 Ad	ditional
GRAY N, DWAYNE JR.ESO CO GREENSPOON, MARDER ET AL 136 WEST-CENTRAL AVE., SUFFE-1409 ORLANDO, FL. 32894 8. The above named early 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 collegations of registeried agent. SIGNATURE Special State		6. Name and Address of Current R	legistered Agent				7. Name an	d Address of	New Regist		
Site of Addition (P.C.). Box Number is Not Acceptable) Addition Change Change Change Change Change Change Addition	GRAY, N. DWAYNE JR. ESO				Name						
201 EAST FINE STREET SUITE 500 City OLLANDO FL 2325801 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Statutes. I state of Florida Statute	C/O GREE	NSPOON, MARDER, ET AL			Street Address (P.O. Box Number is Not Acceptable)						
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 bothglations of registered agent. SIGNATURE STATURE STATURE STATU					ZD1	EAS.	T PINE	STREE	T SU	17E 500	
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SIGNATURE Special Processing Signature Signatur	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or be	oth, in the Stat	e of Florida.		
Filing Fee is \$50.00 Make check payable to Florida Department of State 9.	-										
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Change Addition MAKE MA		Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered	i Agent signatu	beviuper en	when reinstating)	I	C	DATE	
ITILE NAME BORCK, TODD L SINEET ADDRESS OFF. SEZEOUTIVE COURT, SUITE 120 CITY-ST-2P CHANGE MARY, FL 32746 CITY-ST-2P CHANGE MARY, FL 327410 CITY-ST-2P CHANGE MARY, FL 327410 CHANGE SIREET ADDRESS CITY-ST-2P CITY-ST-2P CHANGE MARY, FL 327410 CHANGE SIREET ADDRESS CITY-ST-2P CITY-ST-2P CHANGE MARY, FL 327410 CHANGE SIREET ADDRESS CITY-ST-2P CITY-ST-2P CHANGE MARY, FL 327410 CHANGE SIREET ADDRESS CITY-ST-2P CHANGE MARY, FL 327410 CHANGE SIREET ADDRESS CITY-ST-2P CITY-ST-2P CHANGE SIRET ADDRESS CITY-ST-2P CHANGE SIREET ADDRESS CITY-ST-2P CHANGE SI							· · · · · · · · · · · · · · · · · · ·				te .
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ITILE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS	MOLF, JONATHAN L SS (015 CLESCENT EXECUTIVE COURT, SUITE 120 STR			ET ADDRESS					☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP 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)(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 timited liability company or the receiver of justee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: HADO 05	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	NAME STREE	ET ADDRESS					☐ Change	Addition
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	SIGNAT	URE:	#	MAGER OR	AUTHORIZED	REPRESE	NTATIVE	4 Date	120/05	Daytime Phone #	