## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 10, 2005 8:00 am Secretary of State

01/04/05

561-703-0521 Daytime Phone #

Country  Country  S. 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  Name  ALCHARIF, MOHAMAD K  4301 N. OCEAN BLVD., SUITE A401  BOCA RATON, FL 33431  City BOCA RATON  City BOCA RATON  FL Zip Code  33432  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 acceed the obligations of registered agent.  SIGNATURE  Sonature, typed or proved name of registered and late 3 applicable  (NOTE: Feg several Agent sorrature required when renations)  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES	01042005 Chg-LLC CR2E083 (10/03)  4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  LCHARIF, MOHAMAD K  Tess (P.O. Box Number is Not Acceptable)  COCOANUT RD  CA RATON  FL Zip Code 334-32	Name ALC	2101 COCOANUT RD. BOCA RATON, FL 33432  Mailing Address  Suite, App. #, etc.  City & State  Zip  Co	RD. 33432  f Business  Country	2101 COCOANUT RD. BOCA RATON, FL 334 2 Principal Place of Bu Suite, Apt. #, etc.
BOCA RATON, FL 33432  BOCA RATON, FL 33432  Principal Piace of Business  Suite, Apt. etc.  Suite, Apt. etc.  City & State  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  5. Od Additional Fee Required  Name and Address of Current Registered Agent  ALCHARIF, MOHAMAD K  4. FEI Number  7. Name and Address of New Registered Agent  Name ALCHARIF, MOHAMAD K  4. Street Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Not Acceptable)  City BOCA RATON, FL 33431  City BOCA RATON  Size Address (P.O. Box Number is Not Acceptable)  City BOCA RATON  Size Address (P.O. Box Number is Not Acceptable)  Not Applied For Not Address of New Registered Agent  Name AL CHARIF, MOHAMAD K  Size Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Not Acceptable)  Name AL CHARIF, MOHAMAD K  Size Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Not Acceptable)  Name AL CHARIF, MOHAMAD K  Size Address (P.O. Box Number is Not Acceptable)  Name AL CHARIF, MOHAMAD K  Size Address (P.O. Box Number is Not Acceptable)  Name AL CHARIF, MOHAMAD K  Size Address (P.O. Box Number is Not Acceptable)  Name AL CHARIF (P.O. Box Number is Not Acceptable)  Name AL CHARIF (P.O. Box Number is Not	01042005 Chg-LLC CR2E083 (10/03)  4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  LCHARIF, MOHAMAD K  Tess (P.O. Box Number is Not Acceptable)  COCOANUT RD  CA RATON  FL Zip Code 334-32	Name ALC	BOCA RATON, FL 33432  Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Co	33432  of Business  Country	BOCA RATON, FL 334  2 Principal Place of Bu  Suite, Apt. #, etc.
Suite, Ap. a, etc.  Suite,	01042005 Chg-LLC CR2E083 (10/03)  4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  LCHARIF, MOHAMAD K  Tess (P.O. Box Number is Not Acceptable)  COCOANUT RD  CA RATON  FL Zip Code 334-32	Name ALC	Suite, Apt. #, etc.  City & State  Zip  Co	f Business  Country	2 Principal Place of Bu Suite, Apt. #, etc.
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City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required  Fee Required  Fee Required  ALCHARIF, MOHAMAD K  4301 N. OCEAN BLVD., SUITE A401  BOCA RATON, FL 33431  City BOCA RATON  City BOCA RATON  FL Zip Code  33432  City BOCA RATON  FL Zip Code  33432  Signature entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable by the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  Managing MEMBERS/MANAGERS  Managing MEMBERS/MANAGERS  Managing MEMBERS/MANAGERS  Managing MEMBERS/MANAGERS  Managing Members / Managing Members / Managing Mana	4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  LCHARIF, MOHAMAD K  TESS (P.O. Box Number is Not Acceptable)  COCOANUT RD  CA RATON  FL Zip Code  334-32	Name ALC	City & State Zip Co	Country	
S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  9. City BOCA RATON  1. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  1. Street Address (P.O. Box Number is Not Acceptable)  2. In Coord Number is Not Acceptable)  3. Address (P.O. Box Number is Not Acceptable)  1. Street Address of New Registered Agent Agent Address of New Registered Agent Agent Address of New Registered Agent Agen	Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent  LCHARIF, MOHAMAD K  ress (P.O. Box Number is Not Acceptable)  COCOANUT RD.  CA RATON FL Zip Codb, 33432	Name ALC	Zip Co		City & State
5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ALCHARIF, MOHAMAD K  4301 N. OCEAN BLVD., SUITE A401  BOCA RATON, FL 33431  City BOCA PATON  City BOCA PATON  FL Zip Code 332432  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 acceptable the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered apent and late J applicable.  (NOTE: Registered Agent signature required when rendstating)  Make check payable to Florida. Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES	7. Name and Address of New Registered Agent  LCHARIF, MOHAMAD K  Tess (P.O. Box Number is Not Acceptable)  COCOANUT RD  CA RATON  FL Zip Code 33432	Name ALC			<b>7</b> 6
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ALCHARIF, MOHAMAD K 4301 N. OCEAN BLVD., SUITE A401 BOCA RATON, FL 33431  City Boca RATON FL Zip Code 3 3 4 3 2  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 acce the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00 Due by May 1, 2005  Make check payable to Florida Department of State  MANAGING MEMBERS/MANAGERS  Managing MEMBER	CA RATON FL Zip Code 33432	Street Address (			6. Na
A301 N. OCEAN BLVD., SUITE A401 BOCA RATON, FL 33431  City BOCA RATON  City BOCA RATON  City BOCA RATON  FL Zip Code 3 3432  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  Separture, typed or protect name of registered agent and late 4 applicable.  Filling Fee is \$50.00  Due by May 1, 2005  Make check: payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES	CA RATON FL Zip Code 33432	Street Address (			
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9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES		d Agent signature required	nd title if applicable. (NOTE: Regist	re, typed or printed name of registered agent a	SIGNATURE Signature. ty
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11. Thereby 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	∟ Change ∟ Addition				SW1-30-20.