


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90059 017 ****50.00

DOCUMENT # L04000035885	
1. Entity Name 685/SUITE 202, LLC	

Principal Place of Business 685 ROYAL PALM BEACH BLVD. SUITE 202 ROYAL PALM BEACH FL 33411 US	Mailing Address 685 ROYAL PALM BEACH BLVD. SUITE 202 ROYAL PALM BEACH FL 33411 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 40 Davis Feuer Suite, Apt. #, etc. 757 Harbour Isles Place City & State North Palm Beach, FL Zip 33410 Country USA
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1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent FEUER, DAVID D 685 ROYAL PALM BEACH BLVD. SUITE 202 ROYAL PALM BEACH FL 33411	
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7. Name and Address of New Registered Agent Name FEUER, David D Street Address (P.O. Box Number is Not Acceptable) 757 Harbour Isles Place City North Palm Beach FL Zip Code 33410	
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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 <u>Feuer David D</u> (NOTE: Registered Agent Signature Required when reinstating) Signature, typed or printed name of registered agent and title if applicable		1/2/05
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEUER, DAVID D 685 ROYAL PALM BEACH BLVD SUITE 202 ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEUER, SUSAN G 685 ROYAL PALM BEACH BLVD SUITE 202 ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 757 Harbour Isles Place North Palm Beach FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 757 Harbour Isles Place North Palm Beach FL 33410
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"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	1/2/05 Date	561-625-1651 Daytime Phone #
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