2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 14, 2005 8:00 am Secretary of State

DOCUMENT # L0400050095 1. Entity Name OLD FLORESTA L.L.C.						07-14-2005 90016 027 ****50.00					
Principal Place of Business Mailing Address 755 HIBISCUS ST. 755 HIBISCUS ST. BOCA RATON, FL 33486 BOCA RATON, FL				33486				UJUTU			
Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07012005	Chg-LLC	CR2E08	83 (10/03)		
City & State		City & State			4. FEI Numbe	. L)			plied For of Applicable		
Zip			Zip	Country			of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current F	Registered Agent				Address of New R	legistered A	gent		
LINDS A	AINO-				Name						
HINDS, AN 755 HIBIS BOCA RA			Street Address (P.O. Box Number is Not Acc			3)					
					City			FL	Zip Cod	e	
8. The above named entity submits this statement for the nurnose of changing its registr					od office as society						
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 Signature. Typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE								and accept			
Fii Due I	ling Fee is by Septem	s \$50.00 nber 7, 2005						e check pa Departme	•	e	
Pil Due I	ling Fee is by Septem	s \$50.00 aber 7, 2005 MANAGING MEMBEI	RS/MANAGERS	10.				a Departme	•	•	
Due I	MGR	MANAGING MEMBER	RS/MANAGERS	10. TITU			Florida	a Departme	•	Addition	
9. TITLE NAME	MGR BILTON, F	MANAGING MEMBER PATRICK		TITLI	E		Florida	a Departme	ent of State		
9. TITLE NAME STREET ADDRESS	MGR BILTON, F	MANAGING MEMBER PATRICK CUS ST.		TITLI NAM STRE	E ET ADDRESS		Florida	a Departme	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILTON, F 755 HIBIS BOCA RA	MANAGING MEMBER PATRICK	☐ Detete	TITLI NAM STRE CITY	E EET ADDRESS -ST-ZIP		Florida	a Departme	Change	Addition	
9. TITLE NAME STREET ADDRESS	MGR BILTON, F	MANAGING MEMBER PATRICK CUS ST. TON, FL 33486		TITLI NAM STRE	E EET ADDRESS - ST - ZIP		Florida	a Departme	ent of State		
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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 repeiver or mystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TYPED OF PRINTED NAME OF SIGNING M

AE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/05 Sp

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