2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # L98000002280** 1. Entity Name PRAT. L.C. Mailing Address Principal Place of Business 9553 HARDING AVE., STE. 308 P.O. BOX 545867 SURFSIDE, FL 33154 MIAMI, FL 33154 US 04292005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0869567 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE BAUMBERGER, HANS 9553 HARDING AVE., STE. 308 SURFSIDE, FL 33154 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon roinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE BAUMBERGER, HANS NAME 9553 HARDING AVE., STE, 308 STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED