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Mar 18, 2005 8:00 am
Secretary of State
01-12-2005 90027 039 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015707

1. Entity Name
ANGEL, L.L.C.

Principal Place of Business	Mailing Address
4367 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308	4367 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308

01032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P. O. Box 2443	
City & State		Suite, Apt. #, etc. Jamaica Plain	
Zip	Country	City & State MA	
		Zip 02130	Country USA

4. FEI Number 20-0846466 ☑ Applied For ☐ Not Applicable

5. 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
AURELIUS, JOHN E 4367 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE	MGRM	☐ Change ☑ Addition
NAME	AURELIUS, JOHN E		NAME	CLOAN MCCORMACK	
STREET ADDRESS	4367 NORTH FEDERAL HIGHWAY, SUITE 101		STREET ADDRESS	6 Intervale Road	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	CHESTNUT Hill, MA 02467	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Cloan McCormack [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #