

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013278

1. Entity Name
PILOTCO, LLC



Principal Place of Business
15001 N.W. 42ND AVENUE, BUILDING 47
STE 9
MIAMI, FL 33054

Mailing Address
2060 BISCAYNE BLVD., 2ND FLOOR
MIAMI, FL 33137



03182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1057082

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

KRIEGER, STANLEY ESQUIRE
2060 BISCAYNE BOULEVARD, 2ND FLOOR
MIAMI, FL 33137

**DO NOT WRITE
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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRAMAN, NORMAN
2060 BISCAYNE BLVD., 2ND FLOOR
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KRIEGER, STANLEY J
2060 BISCAYNE BLVD 2ND FLR
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/28/05-80017-021 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/18/05 305-576-1889