## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # Z00373** FORTY EIGHT, L.C. Principal Place of Business Mailing Address 631 SW 70 AVE. PO BOX 24943 FT LAUDEDALE, FL 33307 GAINESVILLE, FL 32607 01042005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0328222 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BANTA, CATHERINE M. DO NOT WRITE 4050 NE 1ST AVE. #117 IN THIS SPACE OAKLAND PARK, FL 33334 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 BIOTE Registered Agent signature required when reinstating? DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. BILE M NAME BANTA, BRADFORD C STREET ADDRESS 4050 NE 1ST AVE #117 CLTY-ST-ZIP OAKLAND PARK, FL U00000318059 04/20/05-80044-010 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IRIE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP Uni. NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7). 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.

954-516-0759 and. 1 4-18-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STREET ADDRESS CITY-ST-ZIP