2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L02000018	053						05-02-2				50.00	
Principal Plac	e of Business	Mailing Address											
50 W MASHT Suite #2	TA DRIVE	50 W MASHTA DRIVE											
	NE, FL 33149	SUITE #2 KEY BISCAYNE, FL 33149											
O Dringing D	Non- (Durley-	La Maria Address											
2. Principal Place of Business		3. Mailing Address				J.		[3] 1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04292	2005	Chg-LLC	С	R2E08	3 (10/03)		
City & State		City & State					Number -1017				<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	try						- S	5.00 Add			
·								of Status Desir		J F	ee Require		
	6. Name and Address of Current F	Registered Agent		Name		-7 Nan	ne and	Address of N	ew Regist	tered A	ent		
WEISSON	I, ERNESTO H												
	SHTA DRIVE		Street Address (P			P.O. Box	Numbe	r is Not Accep	table)				
SUITE #2 KEY BISC	AYNE, FL 33149				•			••					
	,			City							Zip Cod	e	
9. The shows	named antity as basis this statement for	4b		, , , , , , , , , , , , , , , , , , ,					(5	FL	1		
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registere	ea onice o	register	ea agent	, or botr	n, in the State (of Florida.	I am Ia	miliar with,	and accept	
SIGNATURE .		·									-		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registere	d Agent signati	ure required	when reinsta	rtina)			DATE			
						-	23.97	····					
Fi	iling Fee is \$50.00 ue by May 1, 2005			•	-				Make ch		yable to nt of State	e ·	
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI	RS/MANAGERS	10.	•		0 N		Fk	Make ch orida De	partme	nt of State		
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9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI	RS/MANAGERS	10. TITLE			0 N		Fk	Make ch orida De	partme	nt of State		
9. ITILE NAME	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI MGRM ACANTHUS DEVELOPERS LLC	RS/MANAGERS	10. TITLE NAMI	Ε		0 N		Fk	Make ch orida De	partme	nt of State		
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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 BROWNING MANAGING

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

365+676