

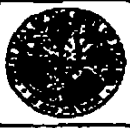
Aug 25 05 11:29a Micheal Olsher  
08/25/2005 10:00  
08/25/2005 08:57 FAX 561 984 4985 SACHS SAX KLEIN

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**2005 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000059443</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                                                        |                                                                                                                                                                                                      |
| 1. Entity Name<br><b>ADMO PROPERTIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                      |
| Principal Place of Business<br><b>2700 NORTH MILITARY TRAIL<br/>SUITE 210<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             | Mailing Address<br><b>2700 NORTH MILITARY TRAIL<br/>SUITE 210<br/>BOCA RATON, FL 33431</b>                                              |                                                                                                                                                                                                      |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             | 3. Mailing Address                                                                                                                      |                                                                                                                                                                                                      |
| Suta, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             | Suta, Apt. #, etc.                                                                                                                      |                                                                                                                                                                                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                             | City & State                                                                                                                            |                                                                                                                                                                                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                                                                                                     | Zip                                                                                                                                     | Country                                                                                                                                                                                              |
| 4. FEI Number<br><b>06222005</b> Chg-LLC <b>CR2E003 (10/05)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                             | APPLIED FOR                                                                                                                             |                                                                                                                                                                                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                             | <b>\$5.00</b> Additional Fee Required                                                                                                   |                                                                                                                                                                                                      |
| 6. Name and Address of Current Registered Agent<br><b>BULMAN, RICHARD C JR, ESQ<br/>C/O SACHS SAX KLEIN<br/>301 YAMATO ROAD, SUITE 4150<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, word or printed name of registered agent and his or her application. (NOTE: Registered Agent signature required when renewing)</small> DATE _____                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                      |
| Amended AR is \$50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                      |
| <b>B. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>MGRM<br/>BULMAN, RICHARD C JR, ESQ<br/>301 YAMATO ROAD, SUITE 4150<br/>BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>MGRM<br/>DOCTER, ALAN<br/>101 WORTH AVE., # 5A<br/>PALM BEACH, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>MGRM<br/>MICHAEL OLSHER PROPERTIES, LLC<br/>2700 NORTH MILITARY TRAIL, SUITE 210<br/>BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>SHARPHOLDER<br/>MICHAEL OLSHER PROPERTIES, LLC<br/>2700 NORTH MILITARY TRAIL, SUITE 210<br/>BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption created in Section 119.07(3)(b), 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: <u>Micheal Olsher</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                             | 8/29/05 5613387200                                                                                                                      |                                                                                                                                                                                                      |
| SIGNATURE AND PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             | DATE                                                                                                                                    |                                                                                                                                                                                                      |