## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Aug 30, 2005 08:00 AM Secretary of State DOCUMENT # F04000004098 1. Entity Name LIAM ENTERPRISES, INC. Principal Place of Business Mailing Address % J.P. MORGAN DELAWARE 125 WORTH AVENUE, SUITE 200 902 MARKET STREET PALM BEACH, FL 33480 WILMINGTON, DE 19801 08172005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 51-0370807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS PC TITLE NAME FLAHERTY, WILLIAM E STREET ADDRESS 125 WORTH AVENUE, SUITE 200 CITY-ST-ZIP PALM BEACH, FL 33480 100000377331 ∩8/30/05-800**01**-015 550.00 TITLE NAME FERGUSON, JOHN J STREET ADDRESS 66 FIELD POINT ROAD CITY - ST- ZIP GREENWICH, CT 06830 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with my other like empowered.

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NO OFFICER OR DIRECTOR

**FILED**