

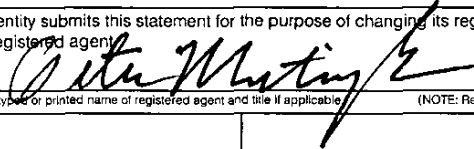
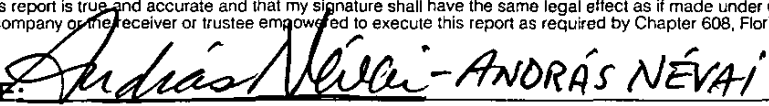


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 15 AM 10:54

DOCUMENT # L00000000844 1. Entity Name PANORAMIC ROCKS, L.L.C.					
Principal Place of Business 100 SUNRISE AVENUE, APT. 503 PALM BEACH, FL 33480				Mailing Address 100 SUNRISE AVENUE, APT. 503 PALM BEACH, FL 33480	
2. Principal Place of Business 625 N. Flagler Dr. Suite, Apt. #, etc. Suite 401 City & State West Palm Beach FL Zip 33401 Country US		3. Mailing Address 625 N. Flagler Dr. Suite, Apt. #, etc. Suite 401 City & State West Palm Beach FL Zip 33401 Country US			
01052005 Chg-LLC CR2E083 (10/03)				4. FEI Number 12-7286506	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NEVAI, CLARA 100 SUNRISE AVENUE, APT. 503 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Peter Matwiczkyk, Esq. Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive Suite 401 City West Palm Beach FL Zip Code 33401		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEVAI, CLARA 100 SUNRISE AVENUE, APT. 503 PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andras Nevai P.O. Box 1273 Sedona, AZ 86339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eli B. Fine 16657 Sweet Bay Drive Delray Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 stated in Section 119.07(3)(i), 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:  - ANDRAS NEVAI 2.5.05 928-204-1785 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					