


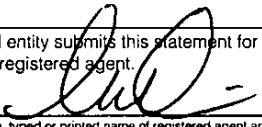

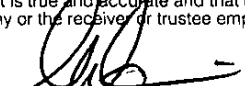


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90041 009 ****50.00

DOCUMENT # L00000001767 1. Entity Name LIBELLE, LLC							
Principal Place of Business 6685 FOREST HILL BLVD SUITE 205 GREENACRES, FL 33413			Mailing Address 6685 FOREST HILL BLVD SUITE 205 GREENACRES, FL 33413				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 05032005 Chg-LLC CR2E083 (10/03)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-1008423		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				 05032005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						7. Name and Address of New Registered Agent Name CHARLES MINEO Street Address (P.O. Box Number is Not Acceptable) 6685 FOREST HILL BLVD #205 City WEST PALM BEACH FL Zip Code 33413	
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.						5/03/05	
SIGNATURE 							
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State		 05032005 Chg-LLC CR2E083 (10/03)			
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINEO, CHARLES W 3508 PALAIS TERRACE WELLINGTON, FL 33467 <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	MGR MINEO, SHARON 3508 PALAIS TERRACE WELLINGTON, FL 33467 <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				
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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.						5/3/05 (561) 968-2300	
SIGNATURE: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			