2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 11, 2005 8:00 am
Secretary of State

02-22-2005 90071 003 ****50.00

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1. Entity Name
GEORGE A FIZELL, LLC

Principal Place of Business	Mailing Address
200 EAST 13 STREET STE B RIVIERA BEACH, FL 33404	200 EAST 13 STREET STE B RIVIERA BEACH, FL 33404

30003243

02162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14099 MICOSUKEE TRL	14099 MICOSUKEE TRL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS FL	City & State: PALM BEACH GARDENS FL
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. FEI Number: 26-6842285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMONT & NELMAN, P.A. ONE BISCAYNE TOWER, 3550 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131	Name: MARK NOWICKI Street Address (P.O. Box Number is Not Acceptable): 480 MAPLEWOOD DR SUITE 2 City: JUPITER FL Zip Code: 33458

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] 4/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MEM FIZELL, GEORGE A 14099 MICOSUKEE TRL PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] George A. Fizell 2-17-05 561 252 2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #