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**Apr 05, 2005 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # L00000004171</b>				04-05-2005 90010 001 ***50.00	
1. Entity Name <b>ANNTHOMAS I ASSOCIATES, LLC</b>					
Principal Place of Business <b>7952 EXETER BLVD. WEST TAMARAC, FL 33321</b>		Mailing Address <b>7952 EXETER BLVD. WEST TAMARAC, FL 33321</b>			
2. Principal Place of Business		3. Mailing Address <b>c/o A. Cigno #7 Macbeth Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005 Chg-LLC CR2E083 (10/03)	
City & State		City & State <b>Old Bridge, NJ</b>		4. FEI Number <b>65-1009441</b>	
Zip		Zip <b>08857</b>		Country <b>USA</b>	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
<b>CIGNO, ANTONIETTE 7952 EXETER BLVD. WEST TAMARAC, FL 33321</b>		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City <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 _____ (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	MGR CIGNO, ANTOINETTE 7952 EXETER BLVD. WEST TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cigno, Antoine H #7 Macbeth Dr. Old Bridge NJ 08857	<input checked="" 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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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: <u>Antoinette Cigno Mgr</u> 3/26/2005- 732-670-1067					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					