2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State **DOCUMENT # L00000005561** SCHUSTER LIMITED COMPANY Principal Place of Business Mailing Address 358 ESPLENADE 358 ESPLENADE SUITE 56 SÜITE 56 BOCA RATON, FL 33432 BOCA RATON, FL 33432 03122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1020007 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. DO NOT WRITE 5200 BLUE LAGOON DRIVE SUITE 700 IN THIS SPACE MIAMI, FL 33126 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM SCHUSTER, BELARMINA NAME 2633 NW 45TH STREET STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 508, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

Daytima Phone #