2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# L00000006085

Entity Name: CHERIOGOTIS-FOSTER, L.L.C.

Current Principal Place of Business:

909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3705977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	FOSTER, WILLIAM SCOTT	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	MGRM	( ) Delete
Name:	SPIRO N. CHERIOGOTIS, , TRUSTEE	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	MGRM	( ) Delete
Name:	WILLIAM SCOTT FOSTER, , JR. TRUST	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	MGRM	( ) Delete
Name:	MARIA ESODIE CHERIOG, OTIS TRUST	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	MGRM	( ) Delete
Name:	SPIRO NICHOLAS CHERI, OGOTIS, JR. TR U ST	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM SCOTT FOSTER MGRM 03/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date