

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008724

Entity Name: LYNXS FBO FACILITIES, LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

14 EAST WASHINGTON ST., STE 404  
ORLANDO, FL 32801

**New Principal Place of Business:**

250 N ORANGE AVE STE 1250  
ORLANDO, FL 32801

**Current Mailing Address:**

14 EAST WASHINGTON ST., STE 404  
ORLANDO, FL 32801

**New Mailing Address:**

250 N ORANGE AVE STE 1250  
ORLANDO, FL 32801

FEI Number: 59-3668169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THARP, GARY G  
14 EAST WASHINGTON ST., STE 404  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

THARP, GARY G  
250 N ORANGE AVE STE 1250  
ORLANDO, FL 32801 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: THARP, GARY  
Address: 14 EAST WASHINGTON ST., STE 404  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THARP, GARY  
Address: 250 N ORANGE AVE STE 1250  
City-St-Zip: ORLANDO, FL 32801

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: GARY G THARP

MGRM

04/29/2005

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