2005 MITTED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Mar 15, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE September Applied For September Applied	ANNUAL REPORT		- Constant of Stat
Prince of Pace of Business— 2-Set of HICKORY BLVD AFF, E207 BORITA SPRINGS, FL 34134 DO NOT WRITE IN THIS SPACE 1. FI Number 552-284718 6. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Fin Number 552-284718 6. Certification of Status Desired S5.00 And statume Fee Registered Agent DO NOT WRITE IN THIS SPACE 1. Fin Number 552-284718 DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent 1. Name and Address of Current Registered Agent 2. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 4. Per Number Agent Agent 4. Per Number Agent 4. Per Number Agent 5. Certebosy of Carrent 5. Son Address of Current 5. Certebosy of Carrent 5. Certebosy of Carrent	DOCUMENT # L00000013287		Secretary of Stat
25910 HICKORY BLVD. APT. E207 BONITA SPRINGS, FL 34134 DO NOT WRITE IN THIS SPACE Applied For Space			
DO NOT WRITE IN THIS SPACE 4. FEI Number S8.2584718 Sto Applied For S8.25840 HICKORY BLVD. APT. E207 DO NOT WRITE IN THIS SPACE IN THIS SPACE	25810 HICKORY BLVD. APT. E207 181 HILLSIDE AVENUE		
BIANCANIELLO, ANTHONY J 25810 HICKORY BLVD. APT, E207 BONITA SPRINGS, FE 34134 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, points or printer name of registered agent and the illegisteries (NOTE Registered Agent streams required when remotiting) DATE		CE	03012005 No Chg-LLC
SIGNATURE Squature, head or orbital name of registered agent and title if applicative (NOTE Registered Agent injuriture required whom insurability) DATE Filling Fee is \$50.00 9.	BIANCANIELLO, ANTHONY J 25810 HICKORY BLVD. APT. E207		
9MANAGING MEMBERS/MANAGERS 111LE MGRM BIANCANIELLO, ANTHONY J SENECT ADDRESS CITY-ST-ZP BONITA SPRINGS, FL 34134 111LE MAME 111LE MANAGING MEMBERS/MANAGERS	the obligations of registered agent. SIGNATURE Signature, typod or orthled name of registered agent and fills if applicable (NOTE Registered Agent signature required when rendating) DATE		
MILE MAME BIANCANIELLO, ANTHONY J SIREET ADDRESS CITY-ST ZIP TITLE MAME STREET ADDRESS CITY-ST ZIP DO NOT WRITE INTE INTE INTE INTE INTE INTE INTE I	Filing Fee is \$50.00 Due by May 1, 2005		UNNN00263956 03/15/05-80007-008 50.00
NAME STREET ADDRESS	INLE NAME SIRECT ADDRESS CITY-ST ZIP BONITA SPRINGS, FL 34134 IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME		

11. Thereby 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 AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-8-2005