2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2005 08:00 AM Secretary of State

DOCUMENT # L0100003268 1. Entity Name	Secretary of State
DO NOT WRITE IN THIS SPA	01062005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 65-0353698 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SINCLAIR, STANLEY 4720 PIERCE STREET HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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 Signature, typed acceptance of registered agent and life if applicable. (NOTE. Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005	
TITLE MGR SINCLAIR, STANLEY STREET ADDRESS 4720 PIERCE STREET CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE MGR NAME SINCLAIR, HELENE STREET ADDRESS 4720 PIERCE STREET CITY-ST-ZIP HOLLYWOOD, FL 33021	U00000178324 01/12/05-80023-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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), Fiorida 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 trusted improved to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE: Date Daytime Phone #	