


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90101 018 ****55.00

DOCUMENT # L01000004286	
1. Entity Name 1290 GULF BLVD., #1806, L.L.C.	

Principal Place of Business 8051 TANTALLON WAY NEW PORT RICHEY FL 34655-4515	Mailing Address 8051 TANTALLON WAY NEW PORT RICHEY FL 34655-4515
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2. Principal Place of Business 880 MANDALAY AVE. Suite, Apt. #, etc. N1012	3. Mailing Address c/o JOHN RANDALL 880 MANDALAY AVE Suite, Apt. #, etc. N1012
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City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33767	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 59-3707186	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, RONALD C ESQUIRE 5348 FIRST AVE. NORTH SAINT PETERSBURG FL 33710
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTHA C. RANDALL LIMITED PARTNERSHIP 8051 TANTALLON WAY NEW PORT RICHEY FL 34655-4515 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANDALL, JOHN C 880 MANDALAY AVE APT 1012 CLEARWATER BEACH FL 33767 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANDERING CRANE, FLP 880 MANDALAY AVENUE #N1012 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAJO, FLP 880 MANDALAY AVENUE #N1012 CLEARWATER, FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN C. RANDALL 880 MANDALAY AVENUE #N1012 CLEARWATER, FL 33767 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: <u>John C. Randall</u>	4/15/05 (727) 438-5793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #