2005 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Apr 27, 2005 08:00 A	
1. Entity Nam	MENT # L010000854 FT OF SOUTH FLORIDA, LLO			Sec	eretary of State
Principal Place 1486 -D SKE WEST PALM I		Mailing Address 1486 -D SKEES RD WEST PALM BEACH, FL 33	3411	T 1200/1810 BIS ORIEN WEN RENN KENN ENN	EDING KANKAL ONLOG BANAL STILED ANGEST AN TURK
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			the althought and explain tellar us. The althought of the space and the althought passes and the althought of the	36-4448234 5. Certificate of Status Desired	\$5.00 Additional Fee Required
	5. Name and Address of Current Reg	istered Agent		THE COURT OF THE PARTY OF THE P	
EISNAUGLE, DENNIS S 3380 "D" ROAD LOXAHATCHEE, FL 33470		yer uy say	DO NOT WI		
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	named entity Tibmits this statement for the ions of registered agent.	e purpose of manging its reg	istered office of register	ed agent, or both, in the State of Flor	riga. I am tamiliar with, and accept
the obligat		title if applyable. (NOTE, Re	gistered Agent signature required	when reinstading)	4-25-05 DATE
SIGNATURE		title if applicable. (NOTE, Re	gistered Agent signature required	when reinstading)	4-25-05 DATE
SIGNATURE	Signature representation of representation and	· · · · · · · · · · · · · · · · · · ·	gistered Agent signature required	when reinstating)	4-25-05 DATE
SIGNATURE.	Signature representation of representation and alling Fee is \$50.00 ue by May 1, 2005	· · · · · · · · · · · · · · · · · · ·	pistered Agent signature required	when reinstating)	4-25-05 DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature received and of research Contand liling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBERS P EISNAUGLE, DENNIS S 3380 "D" RD LOXAHATCHEE, FL 33470 VP HOUGH, KENNETH B 10181 SW 67 COURT	· · · · · · · · · · · · · · · · · · ·	pistered Agent signature required	when reinstating)	4-25-05 Bol 70-019 55.00
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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), 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 it 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE