2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010180

Entity Name: TOP HAT, L.L.C.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

307 N. HIGHLANDS DR P O BOX 636

HOLLYWOOD, FL 33021 CANDLER, FL 32111

Current Mailing Address: New Mailing Address:

P O BOX 636 307 N HIGHLANDS DR

HOLLYWOOD, FL 33021 CANDLER, FL 32111

FEI Number: 65-1146195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TEMPKINS, HARRY 420 LINCOLN RD, STE 244 MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent Date

City-St-Zip:

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete CLARKE, HELEN A Name: Name: CLARKE, HELEN A Address: 307 N HIGHLANDS DR Address: P O BOX 636 City-St-Zip: HOLLYWOOD, FL 33021 CANDLER, FL 32111

Title: MGRM () Delete Title: () Change () Addition

GUTIERREZ, ALESIA Name: Name: Address: 400 E. HALLANDALE BCH. BLVD. Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip:

Title: () Delete Title: MGRM () Change (X) Addition

Name: CLARKE, HELEN A Name: 10656 SE 106 CT., BOX 636 Address: Address: City-St-Zip: City-St-Zip: CANDLER, FL 32111

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: HELEN A. CLARKE **MGRM** 04/26/2005