## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Mar 31, 2005 08:00 AM
Secretary of State

Daytime Phone #

1. Entity Nam	MENT # L01000014217		Secretary of State
Principal Place of Business Mailing Address  13295 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181 US NORTH MIAMI, FL 33181 US			
DO NOT WRITE IN THIS SPACE			03162005No Chg-LLC
			65-1133614   Not Applicable    5. Certificate of Status Desired   \$5.00 Additional   Fee Required
	6. Name and Address of Current Registered Agent		
AMOILS, DENNIS 13295 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181			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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR AMOILS, DENNIS 13295 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181		Boooppoo
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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			