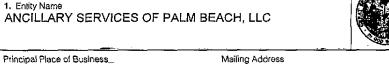
2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

## **FILED** Apr 13, 2005 08:00 AM Secretary of State

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844 HARBOUR ISLES PLACE

NORTH PALM BEACH, FL 33410



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NORTH PALM BEACH, FL 33410



DO NOT WRITE IN THIS SPACE

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

04052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1159748	Applied For Not Applicable		
5. Certificate of Status Desired	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

BURKE, ROBERT D 844 HARBOUR ISLES PLACE NORTH PALM BEACH, FL 33410

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

			1
	named entity submits this statement for the purpose of char- tions of registered agent.	rging its registered office or registered agent, or both, in the State of Florida. 1 am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Rogistered Agent signature required when reinstating) DATE	·
Fi D	ling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKE, ROBERT D 844 HARBOUR ISLES PLACE NORTH PALM BEACH, FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000301760 04/13/05-80044-015	50.00
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 GITY-ST-ZIP			
11. I hereby o indicated limited lial	certify that the information supplied with this filing does not on this report is frue and accurate and that my signature sha billty company or the receiver of trustee empowered to execu	ualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that all have the same legal effect as if made under oath; that I am a managing member or mainte this report as required by Chapter 608, Florida Statutes	the information nager of the