2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | ANNUAL REPURI | | Secretary of Star |
|--|---|--|---|
| 1. Entity Name | MENT # L01000016532 | | Secretary of Sta |
| Principal Place of Business 565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 Mailing Address 565 EAST HILLSBORO BOULEV. DEERFIELD BEACH, FL 33441 | | | |
| ם | O NOT WRITE IN THIS SPA | ACE | 01042005No Chg-LLC |
| 6. Name and Address of Current Registered Agent | | | |
| MASI, EDWARD 565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 | | | DO NOT WRITE IN THIS SPACE |
| | named entity stromits this statement for the purpose of changing its registions of registered agent. Signature, typed of Physical name of registered agent and title if applicable (NOTE Regis | tered office or register tered Agent signature required | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | 1100000337007 04/27/05-80152-006 50.00 |
| 9. | MANAGING MEMBERS/MANAGERS | 12 20 20 20 20 20 20 20 20 20 20 20 20 20 | |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MASI, EDWARD 565 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 | | |
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| TITLE | | | |

11. I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(f), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ed ward Masi Eoward Masi Oy-25-05 954-427-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date Dayline Phone