2005 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Feb 17, 2005 08:00 A		
1. Entity Nan	MENT # 10100001	6723		Sec	retary of State	
<u> </u>						
	ce of Business	Mailing Address	*	•		
SARASOTA,	ST., STE. 600 FL 34237	2033 MAIN ST., STE. 600 Sarasota, Fl. 34237	i ·			
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	6. Name and Address of Curre				to the state of th	
	TROY H JR ESQ N ST., STE. 600			DO NOT WE	RITE	
	TA, FL 34237	•		IN THIS SPA	ACE	
			<u> </u>	Tables of the second of the se	Market State Company	
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing its registe	ered office or registere	ed agent, or both, in the State of Florid	da. I am familiar with, and accept	
SIGNATURE.	nons of registered agent.					
SIGNATORE.	Signature, typod of printed name of registered age	nt and title if applicable (NOTE Registe	red Agent signature required	ren reinstaling)	DATE	
	iling Fee is \$50.00 ue by May 1, 2005	, v <u>.</u>	The state of the s		-H	
9.	MANAGING MEM	BERS/MANAGERS		State of the Control		
TITLE NAME	MYERS, TROY H JR	, ,	And the second section of the second	כתהתחחו	20110	
STREET ADDRESS CITY-ST-ZIP	2033 MAIN ST., STE. 600 SARASOTA, FL 34237		د مین در	05/17/05-8	0029-018 SO.OO	
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11. I hereby certify that the information supplied with this filling 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.

SIGNATURE: ~ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMÓER, OR AUTHORIZED REFRESENTATIVE