## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 11, 2005 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State		
1. Entity Nam	MENT # L010000170	644		Secret	ary of State	
Principal Place of Business  1601 BELVEDERE ROAD  SUITE 407 So. WEST PALM BEACH, FL 33406 US  Mailing Address  1601 BELVEDERE ROAD  SUITE 407 WEST PALM BEACH, FL 33406		S US				
DO NOT WRITE IN THIS SPA			CE.		32E083 (10/03)	
			CE	4. FEI Number 65-1145480  5. Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional	
	6. Name and Address of Current F	Registered Agent	<u> </u>	<u> </u>	Fee Required	
MEYER, WILLIAM A 1601 BELVEDERE ROAD SUITE 407 So. WEST PALM BEACH, FL 33406			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  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  PATE  Filling Fee is \$50.00  Due by May 1, 2005						
9.	MANAGING MEMBER	RS/MANAGERS		<u> </u>	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR MEYER, WILLIAM A 1601 BELVEDERE RD STE 407 WEST PALM BEACH, FL 33408	So.	i 	//nnnn02999 n4/11/05-8012	34 9-015 50.00	
NAME STREET ADDRESS CITY-S1-ZIP						
TIFLE NAME STREET ADDRESS CHY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		-	) 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>-</u>		
TITLE			<b>a</b>			

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 of trustee) employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

William A. Meyer

April 8, 2005

561-689-6602

Daytime Phone #

Date