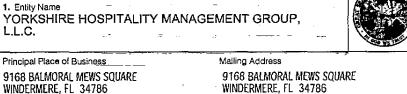
## 2005 LIMITED LIABILITY COMPANY

## ANNUAL REPORT DOCUMENT # L02000000924

**FILED** Feb 18, 2005 08:00 AM Secretary of State

Daytime Phone ⊭





## DO NOT WRITE IN THIS SPACE

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

02022005 No Chg-LLC CR2E083 (10/03)

| 04-3701227 | Not Applicabl     |  |
|------------|-------------------|--|
|            | \$5.00 Additional |  |

6. Name and Address of Current Registered Agent

NABBIE, ADRIENE 9168 BALMORAL MEWS SQUARE WINDERMERE, FL 34786

SIGNATURE:

## 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) | DATE  |  |
|  | iling Fee is \$50.00<br>ue by May 1, 2005                                     |  |   |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>NABBIE, TYRONE<br>9168 BALMORAL MEWS SQUARE<br>WINDERMERE, FL 34786   |  | - (100000234699<br>02/18/05-80031-015 50.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ро   | NOT WRITE                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN '   | IN THIS SPACE                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <del>1</del>   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 logal 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. |   |  |   |  |