FILED Apr 27, 2006 08:00 AN Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE 4. FEI Number 04-3617207 5. Certificate of Status Desired TURNER, JOHN A 515 N. FLAGLER DRIVE, SUITE 600 C/O ARNSTEIN & LEHR WEST PALM BEACH, FL 33401 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 this obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable (AOTE Registered Agent algorithe required when reloatating) PATE Filling Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TILE MAGE MARE HOFFMAN, DONALD JR MD STREET ADDRESS 1801 SE HILLMOOR DR STE A110 CITY-51-2P PORT SAINT LLUCIE, FL 34952	Applied For Not Applicable \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE 4. FEI Number O4-3617207 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TURNER, JOHN A 515 N. FLAGLER DRIVE, SUITE 600 C/O ARNSTEIN & LEHR WEST PALM BEACH, FL 33401 B. 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 the obligations of registered agent. SIGNATURE Signature Signature Signature Signature MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required
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11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further or 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 me limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	ertify that the information imber or manager of the
SIGNATURE: 4424.06 772.3 SIGNATURE: SIGNATURE AND TYPES OR PRINTED MAKE OF SIGNING MANAGING MICHIGER, OR AUTHORIZED REPRESENTATIVE DOS	1