
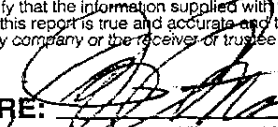


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003899 1. Entity Name BIRDIE VIEW, L.C.		
Principal Place of Business 100 MADRID BLVD. #212 PUNTA GORDA, FL 33950	Mailing Address 100 MADRID BLVD. #212 PUNTA GORDA, FL 33950	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEPHENSON, JACK F 100 MADRID BLVD. #212 PUNTA GORDA, FL 33950		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEPHENSON, JACK F 100 MADRID BLVD. PUNTA GORDA, FL 33950	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNS, ALFRED M 100 MADRID BLVD. PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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 MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: 4-14-05 Daytime Phone: 941-378-028



03082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3057473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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04/18/05-80083-010 50.00