2005 LIMITED LIABILITY COMPANY

FILED Anr 26, 2005 08:00 AM

ANNUAL REPORT				Constant of C404
1. Entity Nam	MENT # L020000174	145 		Secretary of State
Principal Place of Business ATTN: RICHARD S. JOHNSON 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401		Māijing Address ĀTTN: RICHARD S. JOHNSON 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401		
DO NOT WRITE IN THIS SPAC			01052005 No Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent JOHNSON, RICHARD S 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401				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 hypodor per the off registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBER	S/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, RICHARD S 505 S FLAGLER DR STE 1010 WEST PALM BEACH, FL 33401			U00000332096 04/26/05-80 0 44-024 50.00
NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				-IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
7/74 F				

11. I hereby certify that the infantation 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 frue and accurate and that my signature shall have the same legal effect as it 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.

NAME STREET ADDRESS CITY-ST-ZIP

Scott A. Johnson 4/22/05

SIGNATURE: SCOTT A. SIGNATURE AND TYPE, O OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE