2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: // COPUL COMMON SIGNATURE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam ECKNC, I			Secretary of State
Principal Place of Business 800 NORTH HIGHLAND AVENUE, SUITE 200 ORLANDO, FL 32803 US Mailing Address 800 NORTH HIGHLAND AVENUE, SUITE 200 ORLANDO, FL 32803 US			T POCULARI DIR TERIM SIDIN DARRE DERIN DOMIN DARRE MUND TRIME TRIMI NODER REFERENCIAL FORM
D	OO NOT WRITE IN THIS	S SPACE	04222005 No Chg-LLC
800 N. HIC	6. Name and Address of Current Registered Agent S, WARREN GHLAND AVE, SUITE 100 D, FL 32803		DO NOT WRITE IN THIS SPACE
the obligat	a named entity submits this statement for the purpose of chartions of registered agent. Signature, typing or privide name of registered agent and fille if applicable. Illing Fee is \$50.00 The by May 1, 2005	nging its registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept ed when reinstating) DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM CHIRA, NICOLE MGRM 800 N. HIGHLAND AVE. ORLANDO, FL 32803		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby condicated	certify that the information supplied with this filling does not q	ualify for the exemption stated in S	Section 119.07(3)(f), Florida Statutes. I further certify that the information made under oath, that I am a managing member or manager of the