2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L02000023	124		.	ecretary of State	
2 POND'S EL	e of Business DGE DRIVE RD, PA 19317	Mailing Address P.O. BOX 999 CHADDS FORD, PA 19317		ה תקשות ההוגים והחוק שקוחים הוא המתוחשות ה	OTT DE STORE STORE STORE STORE STORE OF STORE STOR	
				03302005 No Chg-LLC CR2E083 (10/03)		
C	O NOT WRITE	IN THIS SPA	A STATE OF THE STA	4. FEI Number 16-1630593	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
C/O BRUC 2631 MCC	6. Name and Address of Current R MNE FINANCIAL SERVICES CO SE E. MOORE CORMICK DRIVE, SUITE 101 ATER, FL 33759			DO NOT W		
8. The above the obligati	named entity submits this statement for lone of registered agent.	the purpose of changing its registere	ed office or register	ed agent, or both, in the State of F	lorida. I am famillar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent an	d tyle if applicable. (NOTE: Registered	l Agent signature required	when reinstating)	DATE	
	ling Fee is \$50,00 ue by May 1, 2005			1	. • • • • • • • • • • • • • • • • • • •	
9. TITLE	MANAGING MEMBER	S/MANAGERS	arit e distrib			
NAME STREET ADDRESS (CITY-ST-ZIP	MOORE, BRUCE E 2 POND EDGE DRIVE CHADDS FORD, PA 19317				00333182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e de la restaurencia	giorgagi, iki prijomoga kasi, Shanaranji mahangi serilili	04726705	5-80085-022 5s.m	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				ene nove sa e e e	Andreas de la companya de la company	
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						

SIGNATURE AND TYPED OR PRINTED MANE OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE