## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Feb 14, 2005 08:00 AM Secretary of State DOCUMENT # L02000027442 RETRO SERVICES, LLC Mailing Address Principal Place of Business 3530 MERRICK ROAD 5061 NE 13TH AVE. SEAFORD', NY 11783 OAKLAND PARK, FL 33334 \_\_\_\_ 02012005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TARONE, THEODORE T JR. ESQ. DO NOT WRITE 180 ROYAL PALM WAY SUITE 201 PALM BEACH, FL 33480 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 H00008223607 <u>02/15/05-80005-004-50.00</u> MANAGING MEMBERS/MANAGERS 9. MGRM POUPIS, DEAN STREET ADDRESS 3530 MERRICK ROAD SEAFORD, NY 11783 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP 11. Thereby 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.