2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

	ANNUAL REPORT		Apr 04, 2005 08:00
1. Entity Nam	MENT # L02000029153		Secretary of Star
201 S.E. 241	te of Business Måiling Address TH AVENUE 201 S.E. 24TH AVENUE EACH, FL 33062 POMPANO BEACH, FL 33062		
D	OO NOT WRITE IN THIS SPA	CE	01052005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applied For Not Applied ble 5. Certificate of Status Desired \$5.00 Additional Fae Required
6. Name and Address of Current Registered Agent			
WITTE, LARRY F 201 S.E. 24TH AVENUE POMPANO BEACH, FL 33062			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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS	J	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM WITTE, LARRY F P.O. BOX 1042 POMPANO BEACH, FL 33061		N0000287810 04/04/05-80084-005 50.00∵
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAIG, HUNTER B 2850 N.E. 46TH STREET LIGHTHOUSE POINT, FL 33064		
TITLE NAME STHEET ADDRESS CITY-ST-ZIP			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		<u> </u>	

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, FlorIda Statutes.

SIGNATURE: LARRY F. WITTLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

41.105

954-941-2533