2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

561-392-6662

1. Enlity Nar BOD EQ	UITY, LLC			Secretary of State
Principal Place of Business Mailing Address 2300 GLADES ROAD, SUITE 100E 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431 BOCA RATON, FL 33431				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01242005 No Chg-LLC
GREENFIELD, WILLIAM R 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431				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 reinstaling) DATE Filling Fee is \$50.00 Due by May 1, 2005				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS MGRM GREENFIELD, WILLIAM R 2300 GLADES RD STE 100E BOCA RATON, FL 33431	:		U00000358802 05/04/05-80128-017 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		-		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		
11. I hereby certify that the information supplied with this filing 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.				

William R. Greenfield

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE