2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # L02000034061 1. Entity Name LAW OFFICES OF JOHN J. HOFFMAN, ESQUIRE, P.L.					04-19-2005 90009 010 ****50.00		
Principal Plac	ce of Business	Mailing Address			#0001W	.01	
10194 OSPREY TRACE 10194 OSPREY TRACE WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 3			22412				
WEST FACIN	DLAGII, IL 33412	TEST FALM DEACH, TE	33412				
6 Driveria d	Place of Business	3. Mailing Address					
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Suite, Apt.		Suite, Apt. #, etc.		04042005	Chg-LLC	CR2E083 (10/03)	
City & Stat	20 0 0	City P State					olind Co.
City & Stat	Palmbeach PC	City & State Ame		4. FEI Numb		F	oplied For of Applicable
Zip	Country	zi93412	Country/		of Status Desired	□ \$5.00 Add	ditional
334	1/2 USA	anistand Agant and	U31			Fee Require	d
	G. Name and Address of Current R	egistered Agent	Name	7. Name and	d'Address of New R	egistered Agent	·
	ATE CREATIONS NETWORK, I	NC.	- 			,	
	RTH STREET #200 ACH, FL 33139		Street Address (P.O. Box Number is Not Acceptable)				
WII/WII DE/	7.017,7 E 00100						
			City			FL Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its re	eaistered office or re	edistered agent, or bo	oth, in the State of Flo		and accept
	tions of registered agent.	, , , , , , , , , , , , , , , , , , , ,		- , ,		N 144	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if another bla (NOTC).	Business d Appet sinces	required when reinstating)	·	DATE	
1 1 1	say actore, types or practice marke or regulated agent an	o ate a appacation (No.1.)	uedista on vita is siduatina	required when resistantly		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		est and the		·		e check payable to Department of State	<u>.</u>
	, -	, -					
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/		
TITLE	MGRM	S/MANAGERS Delete	TITLE		<u></u> -	Change	Addition
TITLE NAME	MGRM HOFFMAN, JOHN J		 -	10235 S	<u></u> -	Change	
TITLE	MGRM		TITLE NAME	10235 Sa West Pulm	<u></u> -	Change	
TITLE NAME STREET ADDRESS	MGRM HOFFMAN, JOHN J 10194 OSPREY TRACE		TITLE NAME STREET ADORESS	10235 Sa West Palm	additions/ and Cay Lav Beach, FC	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM HOFFMAN, JOHN J 10194 OSPREY TRACE	☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	10235 Sa West Palm	<u></u> -	#thange ne,#28 33412	Addilion
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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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND THEO OR

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #