2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # L03000000848 PINEWOOD ST. MARY'S PROPERTY LIMITED LIABILITY COMPANY Principal Place of Business Mailing Address PO BOX 432 PO BOX 432 WEST PALM BEACH, FL 33402 WEST PALM BEACH, FL 33402 03292005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3095663 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUSGROVE, CHARLES DO NOT WRITE 2328 S CONGRESS AVE STE 1D IN THIS SPACE 33406. FL 33327 5. 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 repistered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE NAME MAELOUISE L TENNANT REVOCABLE TRUST DATA STREET ADDRESS PO BOX 432 CITY-ST-ZIP WEST PALM BEACH, FL 33402 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

FILED

IN THIS SPACE

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 cath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	\mathcal{M}_{\perp}	4/10/05	
	R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #