
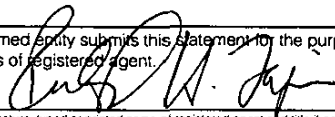
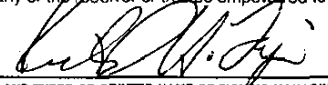


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90098 042 \*\*\*150.00

DOCUMENT # L03000002823					
<b>1. Entity Name</b> JANRICH SERVICES, L.L.C.					
<b>Principal Place of Business</b> 3347 NW 53RD CIRCLE BOCA RATON, FL 33496			<b>Mailing Address</b> 3347 NW 53RD CIRCLE BOCA RATON, FL 33496		
<b>2. Principal Place of Business</b> 12020 OAKVISTA DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 12020 OAKVISTA DR Suite, Apt. #, etc.			
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		04212005    Chg-LLC    CR2E083 (10/03)	
Zip 33437		Country U.S.		<b>4. FEI Number</b> 02-0671528	
Zip 33437		Country U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FAGIN, RICHARD H 3347 NW 53RD CIRCLE BOCA RATON, FL 33496			<b>7. Name and Address of New Registered Agent</b> Name: RICHARD FAGIN Street Address (P.O. Box Number is Not Acceptable): 12020 OAKVISTA DR. City: BOYNTON BEACH    FL    Zip Code: 33437		
<b>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.</b> SIGNATURE:  DATE: 4/20/05					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAGIN, RICHARD 3347 NW 53RD CIR BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12020 OAKVISTA DRIVE BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROY, JEFFREY 42 PERICINS ST WEST WARWICK, RI 02893	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 			RICHARD H. FAGIN    4/21/05    561 732-0470		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					