2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L03000004137

Entity Name: U.S. SERVICES GROUP, LLC

Current Principal Place of Business:

7431 W. ATLANTIC AVENUE, STE. 49
DELRAY BEACH, FL 334463506

New Principal Place of Business:

Current Mailing Address:

7431 W. ATLANTIC AVENUE, STE. 49
DELRAY BEACH, FL 334463506

New Mailing Address:

FEI Number: 56-2353820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HALPER, DEAN R ESQ
7431 W. ATLANTIC AVENUE, STE. 49
DELRAY BEACH, FL 334463506 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PORTNOY, BURT
Address: 6164 BALMY CT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM ( ) Delete
Name: HEISMAN, ROBERT
Address: 5105 MAHOGANY DR
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: HEISMAN, ROBERT
Address: 337 FLAMINGO LANE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT HEISMAN MGRM 06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date