2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L03000005221 1. Entity Name BRIERK, LLC Mailing Address Principal Place of Business PMB 192, 1112 WESTON ROAD 1499 VICTORIA ISLE DR. WESTON, FL 33326 WESTON, FL 33327 04272005 No Chg LLC CR2E083 (10/03) O MOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1048091 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent PACHECO, ZAIRA WHITE 1499 VICTORIA ISLE DR. WESTON, FL 33327 M 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME PACHECO, ZAIRA STREET ADDRESS 1499 VICTORIA ISLE DR. CITY-ST-ZIP WESTON, FL 33327 U00000349813 05/02/05-80079-022 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS LA ASSOL WHILE CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mr 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)(f), 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.

FILED

840-8484