## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000009888

FILED Jan 13, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name 335 OLD SCHOOL ROAD, LLC				01-13-2005 90015 009 ****50.00
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O112005 Cng.LLC CR2683 (10/03)   Cay & State   City & State   A FEI Number   APPLIED FOR   Applied For   Not Applied For   No	335 OLD SCHOOL ROAD 543 PALM WAY				
Chy & State    Chy & State   Chy & State   Chy & State   A Fill Number   APPLIED FOR   Rod Application	Principal Place of Business     3. Mailing Address				
APPLIED FOR   Respective   Respective   Respective   Story	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-LLC CR2E083 (10/03)
2p Courtry 2i0 Courtry 3: Certificate of Status Desired SE, 500 Additional Fee Regulated Agent 7: Name and Address of New Registered Agent 7: Name and Agent 7: Name and Address of New Registered Age	City & State		City & State		
Name  Street Address (P.O. Box Number is Not Acceptable)  DEPART IVIENT  City  FOR DEPART IVIENT	Zip	Country	Zip	Country	5 Certificate of Status Decired S5.00 Additional
Street Address (P.O. Box Number is Not Acceptable)  DEPART (With IN)  Only  FOR DISCOULT ONLY  FILING Fee is \$50,000  Due by May 1, 2005  S. MANAGING MEMBERS/MANAGERS  III.  MAKE  ORTHWEIN, PERCY JII  STREET ADDRESS  ONT-ST-2P  ONLY  GUILFSTREAM, FL 334837330  Delete  III.  MAKE  STREET ADDRESS  ONT-ST-2P  III.  III.  MAKE  STREET ADDRESS  ONT-ST-2P  III.  III.  MAKE  STREET ADDRESS  ONT-ST-2P  III.		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Sheet Address (P.O. Box Number is Not Acceptable)  DEPART (IVICIN)  City  FOR DEPART (IVICIN)  ANA CITY (IVICIN)  FOR DEPART (IVICIN)  FOR DEPART (IVICIN)  ANA CITY (IVICIN)  FOR DEPART (IVICIN)  FOR DEPART (IVICIN)  ANA CITY (IVICIN)  FOR DEPART (IVICIN)				Name	
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  FILING Foe is \$50.00  Due by May 1, 2005  Point by May 1, 2005  SIRE ADDITIONS/CHANGES  R. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  RITLE MGR ORTHWEIN, PERCY J II STREET ADDRESS ORT-ST-2P  TILE MAGE SIRET ADDRESS ORT-ST-	543 PALM WAY			Street Addre	ss (P.O. Box Number is Not Acceptable)
City FOR DECOLUTION 2 Jp Code  6. 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 we designations of registered agent.  SIGNATURE  SIGNATURE  FIlling Fee is \$50,000  Filling Fee is \$50	GULPSTREAM, PL 33483				DEPARTMENT OF STATE
the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Sig				City	FOR DESCRIPTION: V
Filling Fee is \$50.00    Public by May 1, 2005   Bake cheek payable to give and of the flaphenia.   NOTE Registered Agent is practice industrial registering and payable to give high the flaphenia registering and payable registering			or the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   TITLE   MGR   Delete   TITLE   MGR   GULF STRET ADDRESS   CITY-ST-2P   GULF STREAM, FL 334837330   GUT-ST-2P   GULF GULF GULF GULF GULF GULF GULF GULF	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature req	uried when reinstasing) DATE
TITLE MAKE MAKE STREET ADDRESS CITY-ST-2IP  TITLE NAME ST	FI De	lling Fee is \$50.00 ue by May 1, 2005			
TITLE MAKE MAKE STREET ADDRESS CITY-ST-2IP  TITLE NAME ST	0	MANAGING MEMRI	ERS/MANAGERS	10	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STR	TITLE NAME STREET ADDRESS	MGR ORTHWEIN, PERCY J II 543 PALM WAY	<del></del>	TITLE NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TIT	TIPLE NAME STREET ADDRESS	COST OTTO STATE OF TOOLS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME 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)(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.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME 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)(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.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGERG MANAGER, OR AUTHORIZED REPRÉSENTATIVE Date Daytime Phone #	indicated limited lia	I on this report is true and accurate and ability company or the receiver or truste	of that my signature shall have a empowered to execute this	the same legal effect as report as required by C	if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.