2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SHANATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 05, 2005 08:00 AM **DOCUMENT # L03000012750 Secretary of State** 1. Entity Name **BROADBILL LLC** Principal Place of Business Mailing Address 8 PALM COURT **8 PALM COURT** SEWALLS POINT, FL 34996 SEWALLS POINT, FL 34996 US 03022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1687454 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SUBIN, NEIL **8 PALM COURT** STUART, FL 34996 IN 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. Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Apent Signature required wheir reinstaking) DATE Filing Fee is \$50,00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ŷ. TITLE SUBIN, NEIL NAME 8 PALM COURT STREET ADDRESS CITY-ST-ZIP SEWALLS POINT, FL TITLE NAME STREET ADDRESS CATY ST ZEP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIRE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE MARKE STREET ADDRESS CATY 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.

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