


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State


04-19-2005 90018 016 ****50.00

DOCUMENT # L03000013679 1. Entity Name 201 FEDERAL LLC	
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Principal Place of Business 215 S.E. ATLANTIC DR. HYPOLUXO ISLAND LANTANA, FL 33462	Mailing Address 215 S.E. ATLANTIC DR. HYPOLUXO ISLAND LANTANA, FL 33462
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2. Principal Place of Business 314 N. Atlantic Drive Suite, Apt. #, etc.	3. Mailing Address 314 N. Atlantic Drive Suite, Apt. #, etc.
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City & State Lantana FL	City & State Lantana FL	4. FEI Number 75-3112272	Applied For Not Applicable
Zip 33462	Country USA	Zip 33462	Country USA



04062005 Chg-LLC CR2E083 (10/03)

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent REED, PETER D 215 SE ATLANTIC DRIVE LANTANA, FL 33462	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 314 N. Atlantic Drive City Lantana FL Zip Code 33462
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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: Peter D. Reed Peter D. Reed DATE: 4/14/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete REED, PETER D [REDACTED] R. 314 N. Atlantic Dr. LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete ROMCKE, DAVID [REDACTED] 205 SE Atlantic Dr. LANTANA, FL 33462	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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Peter D. Reed member Peter D. Reed DATE: 4/14/05

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