

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 MAR 10 PM 4: 57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



03022005No Chg-LLC

CR2E083 (10/03)

3/10

4. FEI Number  
68-0552805

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMOLEY, ROBERT ESQ  
1455 N. PARK DRIVE  
WESTIN, FL 33326

DO NOT WRITE  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

03/28/05 01040-023  
\$150.00

9. MANAGING MEMBERS/MANAGERS

TITLE D  
NAME AUDLETT, JEANNE  
STREET ADDRESS 5109 N. OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE D  
NAME DEMPSEY, JUDY  
STREET ADDRESS 5451 SW 44TH AVE,  
CITY-ST-ZIP DAVIE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

*Jeanne Audlett*

3/7/05

561-338-5074

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

Date

Daytime Phone #