

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90042 029 ****50.00

DOCUMENT # L03000014407			
1. Entity Name NORTH BOUNTY LLC			
Principal Place of Business 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	Mailing Address 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	% KERRY AXON POB 331553 MIAMI, FL 33233	
DO NOT WRITE IN THIS SPACE			
		01042005 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CHEN, VINCENT 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHEN, VINCENT 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		
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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: 		4/19/05 (305) 661-6561	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	