2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: HOLD WILL JOHN R BIKK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1. Entity Nan	MENT # L030000163		Feb 01, 2005 08:00 All Secretary of State						
Principal Plac	ce of Business	Mailing Address			-				
	DURMASTER CT. DRA BEACH FL 32082	112 HARBOURMAS PONTE VEDRA BEA	112 HARBOURMASTER CT. PONTE VEDRA BEACH FL 32082						
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE	CR2E08	3 (10/04)	
City & State		City & State			4. FEI Nui	nber 20-0015620	}		plied For
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired		litional		
	6. Name and Address of Currer	nt Registered Agent			7. Name a	and Address of New R			
	Z JOUNED			Name					
BIRK, JOHN R 112 HARBOURMASTER CT. PONTE VEDRA BEACH FL 32082				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	e
	named entity submits this statement	for the purpose of changing	its register	ed office or regist	ered agent, or	both, in the State of Flo	rida. Iam	familiar with,	and accept
the obligation	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable [N	IOTE Registere	ed Agent signature require	ed when reinstating		DATE		
		FILE	NOW!!!	FEE IS \$50.00		1			
		Make Check Pay							
			ue By M	ay 1, 2005					
9.	T	BERS/MANAGERS	10,			ADDITIONS/	CHANGES		
TITLE NAME	MGRM BIRK, JOHN R	☐ Delele	DE! NAM			3020000000000	635	Change	Addition
STREET ADDRESS	112 HARBOURMASTER COURT			EET ADDRESS		02/02/05-800	U2-008	3 50.00	
CITY-ST ZIP	PONTE VEDRA BEACH FL 3208	2	CITY	r-S1-ZiP					
TITLE	MGR	☐ Deleje	IIIE					☐ Change	Addition
NAME STREET ADDRESS	BIRK, SUSAN A 1112 HARBOURMASTER COURT		MAN STRE	TET ADDRESS					
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3208	2		SI-ZIP					
HILL		☐ Delete	ΠΙL	E				☐ Change	Addition
NAME CIDILI ADDOCCO			MAM						
STREET ADDRESS CITY+ST+ZIP				EET ADDRESS (-ST-ZIP					
TITLE		□ Delete	TITL	E				☐ Change	Addition
NAME			NAM	IE				- •	
STREET ADDRESS CITY-ST-ZIP				EFT ADDRESS '-ST-ZIP					
TITLE		□ Doleto						Change	☐ Addition
NAME		∐ Delete	THU NAM	1				☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY	-SI-ZIP					
TITLE NAME		Detele	THT.	i				Change	Addition Addition
STREET ADDRESS				ET ADDHESS					
CITY-ST-ZIP				·ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	th this filing does not qualify d that my signature shall hav ee empowered to execute th	for the exe /e the same is report as	mption stated in S e legal effect as if s required by Chap	ection 119.07(made under o pter 608, Florid	(3)(i), Florida Statutes I ath; that I am a manag da Statutes,	further cer ing membe	tify that the in er or manage	formation r of the

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