2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021929

1. Entity Name
FERRANTE MEDIATIONS, LLC

Principal Place of Business	Mailing Address
~~436 JACKSONVILLE DRIVE~~ ~~JACKSONVILLE BEACH, FL 32250~~	P.O. BOX 16718 JACKSONVILLE, FL 32245-6718

20002383

01132005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
248 Levy Road		55-0791331	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
Atlantic Beach FL			

Zip 32233	Country USA	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRANTE, LAURA L ~~436 JACKSONVILLE DRIVE~~ ~~JACKSONVILLE BEACH, FL 32250~~	Name Laura L. Ferrante
	Street Address (P.O. Box Number is Not Acceptable) 248 Levy Rd
	City Atlantic Bch FL Zip Code 32233

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 _____   DATE 1/13/05

Signature, typed or printed name of registered agent and title if applicable.   (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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME FERRANTE, LAURA L STREET ADDRESS 436 JACKSONVILLE DR CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE MGRM NAME Ferrante, Laura L. STREET ADDRESS 248 Levy Rd CITY-ST-ZIP Atlantic Bch Fl 32233	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____   Date 1/13/05   Daytime Phone # 904 247-8989

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