


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000022541</b> 1. Entity Name CT3, LLC	
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Principal Place of Business 1350 E NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 E NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442
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03152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0735213	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  KAY LAW OFFICES ATTN: JAMES R. KAY, ESQ 700 VILLAGE SQUARE CROSSING, STE 102B PALM BEACH GARDENS, FL 33410
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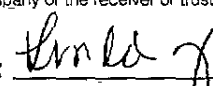
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESPARK ORLANDO, LTD. 1350 E NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442
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<p>000000332614 04/26/05-80065-007 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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: 	Linda G. Kassof	04/22/2005 (954) 428-4585
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>