2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

1. Entity Nan	MENT # L0300002339	2			Feb 12, 2005 08:00 AM Secretary of State
Principal Place of Business Mailing Address					
5903 S.W. \	WOODHAM ST	P.O. BOX 1033	P.O. BOX 1033		
PALM CITY	FL 34990	PALM CITY FL 34991			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 87-0709996 Applied For Not Applied be
Zip	Country	Zip Country		ntry	5. Certificate of Status Desired Status Desired Fee Regulred
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Address of New Registered Agent
REDDISH, CINDY				Name	
590 (			Street Address (	P.O. Box Number is Not Acceptable)	
PAL	M CITY FL 34990				
				City	Zip Code
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					
	tions of registered agent.	1,00			
SIGNATURE	Signature, typed or printed retired or registered organical	nd title if applicable (NOTE	Registere	d Agent signeture required	d when reinstating) DATE.
FILE NOW!!! FEE IS \$50.00					
Make Check Payable to Florida Department of State  Due By May 1, 2005					nt of State
9. MANAGING MEMBERS/MANAGERS 10.			ay 1, 2005	ADDITIONS/CHANGES	
TITLE	MGR	□ Delete	10,	£	Change Addition
NAME	REDDISH, CINDY		NAM	f	000000227501 02/12/05-80059-008 50.00
STREET ADDRESS CITY - ST - ZIP	5903 SW WOODHAM ST. PALM CITY FL 34990		•	LLI ADDRESS - ST-ZIP	05, 15, 00, 00000, 000, 00, 00
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CITY-ST-ZIP			CITY	-ST-ZIP	
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.					

Date

Daytime Phone #