


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000029019  
 1. Entity Name  
 3220, LLC



Principal Place of Business      Mailing Address  
 PO BOX 6177      PO BOX 6177  
 DELRAY BEACH, FL 33482      DELRAY BEACH, FL 33482

**DO NOT WRITE IN THIS SPACE**



06302005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 20-0451299	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHILTZ, DAVID B  
 968 HYACINTH DRIVE  
 DELRAY BEACH, FL 33483

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHILTZ, DAVID B 968 HYACINTH DRIVE DELRAY BEACH, FL 33483
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**DO NOT WRITE IN THIS SPACE**

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: David B. Schiltz      Date: 7-6-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #