2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L03000032645

Entity Name: THE FOULKE LIMITED LIABILITY COMPANY, LLC

Current Principal Place of Business:

15966 LAUREL CREEK DRIVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

100 SE 5TH AVENUE
#409
BOCA RATON, FL 33432

Current Mailing Address:

15966 LAUREL CREEK DRIVE
DELRAY BEACH, FL 33446

New Mailing Address:

100 SE 5TH AVENUE
#409
BOCA RATON, FL 33432

FEI Number: 05-0585568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, M. DANIEL
3000 NORTH FEDERAL HIGHWAY
BUILDING TWO SOUTH STE. 200
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: FOULKE, BRION
Address: 15966 LAUREL CREEK DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM ( ) Delete
Name: FOULKE, DAVID L
Address: 6030 NW 68TH STREET
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOULKE, BRION
Address: 100 SE 5TH AVENUE #409
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 L. FOULKE MGRM 04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date