## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

Daytime Phone #

	ANNUA	. Secre	etary of State			
1. Entity Nam	MENT # L03000034	1190			oury or star	
11555 HERO SUITE 200	oe of Business ON BAY BLVŌ. NGS, FL 33076 US	Mailing Address  11555 HERON BAY BLVD, SUITE 200 CORAL SPRINGS, FL 33076	US	TO THE REPORT OF THE PARTY AND A STATE OF THE	H BIDIN HERD ICHN BUCKER IN KER	
E	OO NOT WRITE	IN THIS SPA	CE	04132005 No Chg-LLC CR.  4. FEI Number 20-0211136  5. Certificate of Status Desired □	2E083 (10/03)  Applied For Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent				
11555 HEI SUITE 200	MICHAEL G RON BAY BLVD. ) PRINGS, FL 33076			DO NOT WRIT		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature rectured when reinstating)  DATE						
Filing Fee is \$50.00 Due by May 1, 2005						
9.	MANAGING MEMB	RS/MANAGERS	]		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMELLE, LLC			U00000318078 04/20/05-80844-016 50.00		
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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)(i), Florida Statules. 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 it 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.

URE:
SIGNATURE AND TYPE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: