2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

Jan 12, 2005 08:00 AM **DOCUMENT # L03000035011 Secretary of State** U.S. HWY TWENTY-SEVEN, LLC Mailing Address Principal Place of Business 201 E. PINE STREET 201 E. PINE STREET STE 500 ORLANDO, FL 32801 STE 500 ORLANDO, FL 32801 4 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0863717 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BLODIG, GREGORY J 100 W. CYPRESS CREEK RD., STE. 700 FORT LAUDERDALE, FL 33309 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MARDER, MICHAEL E NAME 201 E. PINE STREET, STE #500 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 TITLE U00000178309 NAME 01/12/05-80023-006 50.00 STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE STREET ADDRESS City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP भाग र NAME STREET ADDRESS CITY-ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information finature shall have the same legal effect as if made under oath; that I am a managing member or manager of the red to execute this report as required by Chapter 608, Florida Statutes. hereby certify that the information supplied with this filling indicated on this peport is true and accurate and that my limited liability company or the receiver or trustee empower.

FILED