


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90133 003 \*\*\*\*50.00

<b>DOCUMENT # L03000035385</b>	
1. Entity Name LAW OFFICES OF ERIC J. TINSLEY & ASSOCIATES, P.L.	

Principal Place of Business 7570 GILMOUR COURT LAKE WORTH, FL 33467	Mailing Address 7570 GILMOUR COURT LAKE WORTH, FL 33467
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2. Principal Place of Business 505 ROYAL PALM BEACH BLVD.	3. Mailing Address 505 ROYAL PALM BEACH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ROYAL PALM BEACH, FL	City & State
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Zip 33411	Country Palm Beach	Zip	Country
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03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0632334	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
TINSLEY, ERIC J 7570 GILMOUR COURT LAKE WORTH, FL 33467	

7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable)	
City _____	
FL	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 the obligations of registered agent.	
SIGNATURE <u>Eric J. Tinsley</u>	DATE <u>3/22/05</u>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TINSLEY, ERIC J ESQ. 7570 GILMOUR COURT LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TINSLEY, ERIC J ESQ. 505 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <u>Eric J. Tinsley</u>	DATE: <u>3/22/05</u>	DAYTIME PHONE: <u>561-795-9550</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		