

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035497

FILED
Jan 19, 2005
Secretary of State

Entity Name: TRAYLOR GRATTON & BEAUMONT, L.L.C.

Current Principal Place of Business:

1260 SOUTH FEDERAL HIGHWAY, SUITE 101
BOYNTON BEACH, FL 334356089

New Principal Place of Business:

1260 SOUTH FEDERAL HIGHWAY, SUITE 101
BOYNTON BEACH, FL 334356045

Current Mailing Address:

1260 SOUTH FEDERAL HIGHWAY, SUITE 101
BOYNTON BEACH, FL 334356089

New Mailing Address:

1260 SOUTH FEDERAL HIGHWAY, SUITE 101
BOYNTON BEACH, FL 334356045

FEI Number: 65-0787556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUMONT, KIM
1260 SOUTH FEDERAL HIGHWAY, SUITE 101
BOYNTON BEACH, FL 334356089 US

Name and Address of New Registered Agent:

BEAUMONT, KIM
1260 SOUTH FEDERAL HIGHWAY, SUITE 101
BOYNTON BEACH, FL 334356045 US

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:

01/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEAUMONT, KIM
Address: 1260 SOUTH FEDERAL HIGHWAY, SUITE 101
City-St-Zip: BOYNTON BEACH, FL 334356089

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEAUMONT, KIM
Address: 1260 SOUTH FEDERAL HIGHWAY, SUITE 101
City-St-Zip: BOYNTON BEACH, FL 334356045

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: BEAUMONT KIM

MGRM

01/19/2005

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