2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2005 08:00 AM Secretary of State

	ANNUAL	KEPUKI		Feb 2	25, 2005 08:00
1. Entity Nan	MENT # L030000399	914			cretary of State
410 BUSINE SUITE 117,1	ce of Business SS PARKWAY 118,&119 4 BEACH, FL 33411	Mailing Address 310 BUINESS PAR ROYAL PALM BEAG			
E	OO NOT WRITE	IN THIS	SPACE	02222005No Chg-LLC 4. FEI Number 20-0311443 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		The state of the s	
	KEVIN L NESS PARKWAY ALM BEACH, FL 33411			DO NOT W IN THIS SE	
	named entity submits this statement for titions of registered agent.	he purpose of changin	g its registered office or register	red agent, or both, in the State of Flo	orlda. I am familiar with, and accept
SIGNATURE					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent an illing Fee is \$50.00 me by May 1, 2005 MANAGING MEMBER MGRM GILLUM, KEVIN 310 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411		(NOTE Registered Agent stgnature required		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			U0000 U2/25/05	0243040 -80024-007 50.00
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OF PRINTED NAME OF PIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Despire Phone #