2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

1. Entity Nam	MENT # L03000040:			Jan 24, 2005 08:00 AM Secretary of State		
Principal Plac	ce of Business	Mailing Address		-{		
		POST OFFICE BOX 1	592			
WEST PALM BEACH FL 33402-1592 US		WEST PALM BEACH	FL 33402-1592			
				1 Indian an agree min agin agin a	2 00 2 00 Elek Beke 1100 (200 (200 (100)	11 111 11 1 11
2. Principal F	Place of Business	3. Mailing Address	··			
					8)))	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/04)	
City & State		City & State		4. FEI Number	lagaA	Led For
				65-1208111	}→	Applicat:
Zìp	Country	Zip	Country	5. Certificate of Status Desired	55.00 Addit	onal
	6. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Re	Fee Required	
			Name	1. Hattie and Address of Hely He	gistered Agent	
OYE	ER, HARVEY E III		Street Address	(P.O. Box Number is Not Acceptable)	 .	
777	SOUTH FLAGLER DRIVE TE 500 EAST		Sheet Address	(r.o. box Number is Not Acceptable)		⊸. _
	ST PALM BEACH FL 3340	1				
			City	<u>,</u>	FL Zip Code	
8. The above	named entity submits this statement	for the numose of changing its	s registered office or registe	ered agent, or both, in the State of Flori		nd none
the obligat	tions of registered agent.	To all parpoor of other gargen.	o registered diffee of registe	sed agent, or boar, in the object of thos.	ioa. Tantianiliai Will, al	iu accep
SIGNATURE .		,,				
	Signature, typed or printed harne of registered age	(NOT	TE Registered Agent signature require	d when reinstating)	DATE	
			OW!!! FEE IS \$50.00			
			ole to Florida Departme	ent of State		
			re By May 1, 2005		 .	
9. 1816	MANAGING MEMI	BERS/MANAGERS	10.	ADDITIONS/C		-
NAME	SATTER, JONATHAN R	☐ Delele	TITLE NAME		Change	Additio
SZARODA 133812	POST OFFICE BOX 1592		STREET ADDRESS			
CRIY ST. ZIF	WEST PALM BEACH FL 33402-1	592	CLTY-ST-ZIP			
DILE	MGRM	☐ Defete	title	100000194	397 Change	Astati,
NAME SIPEET ADDRESS	OYER, HARVEY E III 800 CLAREMORE DRIVE		NAME STREET ADDRESS	01/25/05-600	387	•
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CHY-ST-ZIP			
tatt		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addii∈
NAME			NAME			
STREET ADDRESS CITY-ST-ZIF			SIREFI ADDRESS			
			CHY-SI- ZIP			<u></u>
ritle Name		☐ Delete	HAME		Change	iniininA 🔲
STREET ADORESS			STREET ADDRESS			
CHY-SI-74F			(31Y-S1-Z)P			
1011 £		☐ Delete	TUTLE		☐ Change	Addik
NAME STREET ADDRESS			NAME STREET ADDRESS			
CHY-SI-AP			STREET ADDRESS CITY-ST-ZIP			
ME		☐ Delete	PARE		☐ Change	 ☐ Ariiiin
NAME		בם ביינוני	NAME		□ Suarge (
STREET ADDRESS		•	STREET ADDRESS			
City-St-ZiP		2 4 5 64	CITY-ST- (IP			
mucated	certify that the information supplied you on this report is true and accurate ar bility company or the receiver or trust	lounar my signariire shall nave.	the same lenal attact as it i	ection 119.07(3)(i), Florida Statutes. I f made under oath; that I am a managir oter 608, Florida Statutes.	urther certify that the info ng member or manager o	rmation of the