2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

hereby certify that the information supplied windicated on this report is true and accurate a functed liability company or the receiver or mass.

SIGNATURE AND TYPED OF

SIGNATURE:

May 03, 2005 08:00 AM Secretary of State DOCUMENT # L03000040809 1. Entity Name LAS VENTANAS, LLC Principal Place of Business Mailing Address 15560 GULF BLVD 15560 GULF BLVD REDINGTON BEACH, FL 33708 REDINGTON BEACH, FL 33708 04282005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42-1621374 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOVE, LOUANNE S DO NOT WRITE 517 PAULA DRIVE SOUTH DUNEDIN, FL 34698 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM INLE UUUU00358C44 NAME AFB DEVELOPMENT, INC. 05/04/05-80123-004 50.00 15560 GULF BLVD STREET ADDRESS CITY - ST- ZIP REDINGTON BEACH, FL 33708 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

Ing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the ipowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

FILED