## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 02, 2005 08:00 A Secretary of State

1. Entity Nam	MENT # L03000046131		
Principal Place of Business Mailing Address 13539 FOUNTAINVIEW BOULEVARD 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414 US WEST PALM BEACH, FL 33414 US			
DO NOT WRITE IN THIS SPACE			
		06212005No Chg-LLC	
			20-0444598   Not Applicable  5. Certificate of Status Desired   \$5.00 Additional Fee Required   Fee Required   \$5.00 Additional Fee Required   \$5.00 Additiona
6. Name and Address of Current Registered Agent			
SAUERBERG, ERIC M ESQ. 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410			DO NOT WRITE 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 above named entity auditus this statement for the purpose of changing its registered onice or registered agent, or both, in the state of Florida. I am lamiliar with, and accept the obligations of registered agent.			
SIGNATURE			
Filing Fee is \$50.00 Due by September 7, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, EUGENE 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414		))00000377588 09/07/05-80003-001 55.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
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: ENGENE BRADY SIGNATURE AND TYPED ORIGINATED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DELIG Deytine Phone #			