2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 10, 2005 08:00 AM

DOCUMENT # L03000052490		Secretary of State			
Principal Place of Business 108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548 Mailing Address 108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 325		2548			
			05022005No Chg-LLC CR2E083 (10/03)		
	OO NOT WRITE IN THIS SPA	/CE	4. FEI Number 20-0479159 5. Certificate of Status Desired [Applied For Not Applicable \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					
ROCKMAN, KEITH L 108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548			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 obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when refusiating) DATE					
Filing Fee is \$50.00 Due by September 7, 2005 ### 1000000365375 ### 210.000_2000_005_50.00					
9.	MANAGING MEMBERS/MANAGERS		day tol ad los	000 000 00100	
NAME STREET ADDRESS CITY - ST - ZIP	MGR ROCKMAN, KEITH L 108 EGLIN PARKWAY SE FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, FRANK 108 EGLIN PARKWAY SE FORT WALTON BEACH, FL 32548				
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WR	ITE	

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Keith L. Rockman-Manager

2005

850 862-7900

IN THIS SPACE