## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

ANNUAL REPURI					
1. Entity Nan	MENT # L03000053	8898		Sec	retary of State
4110 SOUTH SUITE 123 JACKSONVIL	te of Business HPOINT BOULEVARD LE, FL 32216	Mailing Address 4110 SOUTHPOINT BOULEVAN SUITE 123 JACKSONVILLE, FL 32216		01112005No Chg-LLC	CR2E083 (10/03)
	ONOT WRITE			4. FEI Number 20-0499161  5. Certificate of Status Desired	Applied For Not Applied  \$5.00 Additional Foe Required
4110 SOL SUITE 12 JACKSON	IVILLE, FL 32216			DO NOT W IN THIS SF	ACE - MA
the obliga	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent.  Itling Fee is \$50.00		ed office or register	<u> </u>	orida. I am familiar with, and accept
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR BARTNOVSKY, ROBERT 8633 PEBBLE CREEK LANE	ERS/MANAGERS		10000 101/28/05	12004041: 1817 WEBS -50025-020 50 00 -85025-020 50 00
CITY-ST-ZIP	JACKSONVILLE, FL 32256				

NAME STREET ADDRESS CITY-ST-ZP TITLE DO NOT WRITE IN THIS SPACE STREET ADDRESS CATY-ST-AP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

RE:

MARK WILKINSON / 25/05 904 4704010

REPRESENTATIVE

DEE

Control Proce 8