

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055237

FILED
May 02, 2005
Secretary of State

Entity Name: READY4 LLC

Current Principal Place of Business:

7746 NORTH TREE WAY
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7746 NORTH TREE WAY
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 84-1631558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHAPIRO, ELISSA H CFO
Address: 7746 NORTHTREE WAY
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGR () Delete
Name: SHAPIRO, MICHAEL E COO
Address: 7746 NORTHTREE WAY
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGR () Delete
Name: SIDEL, ADAM
Address: 5100 FULTON ST., NW
City-St-Zip: WASHINGTON, DC 20001 US

Title: MGR () Delete
Name: SIDEL, ROBIN CMO
Address: 5100 FULTON ST., NW
City-St-Zip: WASHINGTON, DC 20001 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELISSA SHAPIRO

CFO

05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date