### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L03000057437**

1. Entity Name

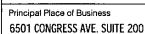
CARÉERSUSA FEASTERVILLE, LLC



FILED

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SECRETA TALLAMASSET, FLOTADA



BOCA RATON, FL 33487

Mailing Address

6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487



## DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0568105 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OUNJIAN, JENNIFER L 6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487

# DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	inging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, ar	nd accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE	
F111 F 1- 470.00			

#### Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREERS USA, INC.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADORESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supported with this fillion does not qualify for the ex-

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# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information superied 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 the 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

SIGNATURE

~Marilyn J. Ounjian, MM

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(561) 995-7000

Date

Daytime Phone #