

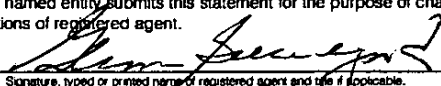
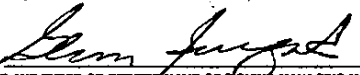


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90033 028 \*\*\*\*50.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L04000007414</b>   |  |  |   |   |  |
| <b>1. Entity Name</b><br>THE BORREGARD COMPANY LLC   |  |  |   |  |  |
| <b>Principal Place of Business</b><br>2112 NE 14TH CT<br>FORT LAUDERDALE, FL 33304   |  |  | <b>Mailing Address</b><br>2112 NE 14TH CT<br>FORT LAUDERDALE, FL 33304  |  |  |
| <b>2. Principal Place of Business</b><br>2112 N.E. 14th Ct.  |  | <b>3. Mailing Address</b><br>SAME                                  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| <b>City &amp; State</b><br>Ft LAUDERDALE, FL   |  | <b>City &amp; State</b>  |   |  |  |
| <b>Zip</b><br>33304  |  | <b>Country</b><br>USA  |   | <b>4. FEI Number</b><br>90-0171423   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |   | <b>\$5.00 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BORREGARD, GLENN E<br>2112 NE 14TH CT<br>FORT LAUDERDALE, FL 33304   |  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b><br>SIGNATURE  DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>         |  |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BORREGARD, GLENN E<br>2112 NE 14TH CT<br>FORT LAUDERDALE, FL 33304 | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| <b>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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b>   |  |  | Date <span style="float: right;">4/18/05</span> Daytime Phone # <span style="float: right;">954-630-8240</span>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  |   |  |  |