2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # L0400009818 1. Entity Name THE RICCI LEOPOLD PROFIT SHARING PLAN AND TRUST LLC									01-28-	2005 9	0071 01	3 ****50	0.00
Principal Place		, į 4		failing Address				1					
2925 PGA BLVD				2925 PGA BLVD					:	200	00468	ខ្ម	
SUITE 200 PALM BEACH GARDENS, FL 33410 SUITE 200 PALM BEACH GARDENS					S. FL 33	8410				NO (1040(10	
•					·								
2. Principal Pl	lace of Busine	ess	. Mailing Address										
Suite, Apt.	#, etc.	,		Suite, Apt. #, etc.				01202005	Chg-LI	.c	CR2E08	33 (10/03)	
City & State				City & State				4. FEI Numi	- 299	36	۲ . ا		plied For t Applicable
Zip Country				Coun	try		1	e of Status D			\$5.00 Add		
								l				ee Require	d
	6. Name a	and Address of C	Current Regi	stered Agent		Name		7. Name an	d Address o	f New Re	egistered A	gent	
RICCI, EDWARD M 2925 PGA BLVD							Address (P.O. Box Num	ber is Not Ac	ceptable)	*	
SUITE 200 PALM BEACH GARDENS, FL 33410													
		,.				City					FL	Zip Cod	
9. The above	named entite	aubmita this state	mont for the	purpose of changing its	- ragintar	nd office o	v rogistor	od paget or b	oth in the Ct	ato of Elo		noiliar with	and account
	ions of registe		strictit for the	purpose or changing its	s register	au onice c	ii register	ed agent, or o	O(1), 111 (11 0 3(1	210 OI 7 101	ilua. I alii i	astilligat Wright,	and accept
SIGNATURE -	Signature, typed or	printed name of registe	ered agent and title	it applicable. (NO	TE: Registere	d Agent signa	ture required	when reinstating)			DATE		
1.3									*, *		, s p		
Fi Di	ling Fee is ue by May	\$50.00 1, 2005		international control of the second			• •				check pa Departme	ent of State	
9	•	MANAGING	MEMBERS/N	MANAGERS	10.		ı		ADD	ITIONS/	CHANGES		
TITLE	MGR	U DICCI TRU	etee con	Diplete	TITU							Change	■ Addition
NAME STREET ADDRESS	EDWARD M. RICCI, TRUSTEE FOR DIRECTED INV.					et adoress							
CITY-ST-ZIP	SUITE 200, FL 33410					-ST-ZIP							
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CITY-ST-ZIP						-ST-ZIP	<u> </u>				*: = = = = = = = = = = = = = = = = = =		•
11. I hereby of indicated limited lial	certify that the on this report bility company	intormation suppli is true and accura or the receiver o	ned with this trate and that re or trustee emp	filing does not qualify for my signature shall have gowered to execute this	or the exe the same report as	mption sta e legal effe s required	ated in Se act as if m by Chap	ction 119.07(3 nade under oa ter 608, Florida	j(i), Florida S th; that I am i Statutes.	tatutes. I a managi	turtner cert ing membe	ry that the ir r or manage	r of the

1-24-05

<u> 561-684-6500</u>