
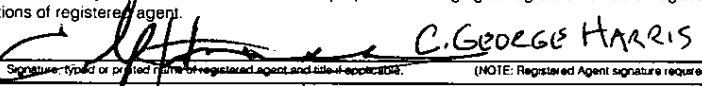
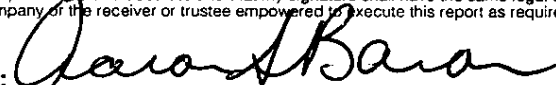


**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90013 015 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|   |                                 |   |   |
|---|---------------------------------|---|---|
| <b>DOCUMENT # L04000010408</b>  |                                 |    |   |
| 1. Entity Name<br>U.S.S. CYGNUS, LLC  |                                 | Principal Place of Business<br>1318 WEST TERRA MAR DR<br>POMPANO BEACH, FL 33062  |   |
| Mailing Address<br>1318 WEST TERRA MAR DR<br>POMPANO BEACH, FL 33062  |                                 |   |   |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |   |
| City & State  |                                 | City & State  |   |
| Zip   | Country                         | Zip   | Country   |
|   |                                 | 07202005 Chg-LLC CR2E083 (10/03)  |   |
| 4. FEI Number 20-0711922  |                                 | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent   |                                 | 7. Name and Address of New Registered Agent   |   |
| SCHURR, RICHARD A ESQ<br>10867 SW 88TH TERR<br>MIAMI, FL 33125  |                                 | Name<br>C. GEORGE HARRIS<br>Street Address (P.O. Box Number is Not Acceptable)<br>5100 N. Federal Highway #408<br>City<br>Ft Lauderdale FL Zip Code 33308 |   |
| 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.<br>SIGNATURE  C. GEORGE HARRIS 9/6/05<br>(NOTE: Registered Agent signature required when reinstating) DATE  |                                 |   |   |
| Filing Fee is \$50.00<br>Due by September 7, 2005   |                                 | Make check payable to<br>Florida Department of State  |   |
| 9. MANAGING MEMBERS/MANAGERS  |                                 | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 | MGR<br>Aaron Baron<br>2601 NE 21 St. Ft Lauderdale FL<br>33305  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 | Mgr<br>Pamela Wunderlich<br>3320 NE 28th Ave<br>Lighthouse point, FL 33064  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 | Mgr<br>Michael Kellenberger<br>265 NW 77th Ave<br>Margate, FL 33063   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 |   |   |
| 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.<br>SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # |                                 |   |   |