


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90110 037 ****50.00

DOCUMENT # L04000010971	
1. Entity Name THE SHAVITZ LABOR POOL LAW FIRM, P.L.C.	

Principal Place of Business 2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431	Mailing Address 2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431
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20064464



2. Principal Place of Business 7800 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 108	3. Mailing Address 7800 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 108
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07082005 Chg-LLC CR2E083 (10/03)

City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33484	Zip 33484
Country USA	Country USA

4. FEI Number 54-2144962	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAVITZ LAW GROUP, P.A. 2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7800 CONGRESS AVENUE SUITE 108 City BOCA RATON, FL Zip Code 33484
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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.

SIGNATURE 
Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

7/8/05
DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAVITZ LAW GROUP, P.A. 2000 GLADES ROAD BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE CARLYLE APPELLATE LAW FIRM, P.A. 20 LA GRANDE BOULEVARD THE VILLAGES, FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRABTREE, JOHN G 240 CRANDON BOULEVARD KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANKSLEY, OLIVER P III 408 NORTH WASHINGTON BOULEVARD SARASOTA, FL 34236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7800 CONGRESS AVENUE #108 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7800 CONGRESS AVENUE #108 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



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

7/8/05
Date

Daytime Phone #