

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011066

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: TOKA GROUP, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 55  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 55  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 80-0098825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MAC MAHON, DERMOT P  
1860 FOREST HILL BOULEVARD  
SUITE 105  
WEST PALM BEACH, FL 33406 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, THOMAS L  
Address: P.O. BOX 55  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM ( ) Delete  
Name: SMITH-JONES, KATHIE J  
Address: P.O. BOX 55  
City-St-Zip: LAKE WORTH, FL 33460 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS L. JONES

MGRM

06/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date