2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# L04000015554

Entity Name: P X 2 VENTURES, LLC.

Current Principal Place of Business:

P X 2 VENTURES, LLC
6850 NW 12TH AVE.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

P X 2 VENTURES, LLC
6850 NW 12TH AVE.
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 43-2044101 **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:

WALLIS & WALLIS, P.A.
2641 E ATLANTIC BLVD.
SUITE 307
POMPANO BEACH, FL 33061 US

Name and Address of New Registered Agent:

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:	PRAKAS, MICHAEL C	
Address:	P.O. BOX 1011	
City-St-Zip:	BOCA RATON, FL 33429	
Title:	MGRM	( ) Delete
Name:	PARHAM, DANA L	
Address:	6850 NW 12TH AVE.	
City-St-Zip:	FT. LAUDERDALE, FL 33309	

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: TODD ASHFORD CFO 06/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date