2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 23, 2005 8:00 am Secretary of State 08-23-2005 90094 013 ****50.00

Suite, Apt. #, etc. Suite, Ap	BRICKELL AVENUE, PENTHOUSE , FL 33131 ag Address 4 Madison Avenue Apr. #, etc. ite 501 State W York , NY Country Country Country Not Applied For Not Applicable 5. Certiflicate of Status Desired St. O0 Additional Fee Required Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code To Country City FL Zip Code Se of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept	CKELL AVENUE, PENTHOUSE
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City & State City & State New York NY	State W YORK, NY Country O 2 2 US Street Address (P.O. Box Number is Not Acceptable) City City City FL Zip Code Applied For Not Applicable Applied For Not Applicable Street Address of New Registered Agent City FL Zip Code Zip Code	City & State New York ,
Signature Country Zip Country 10022 US S. Certificate of Status Dosired S5.00 Addition Fee Required	Country US 5. Certificate of Status Desired	Country Zip 10022
6. Name and Address of Current Registered Agent MANASTER, JOSHUA D ESQUIRE 1428 BRICKELL AVENUE, EIGHTH FLOOR MIAMI, FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent. SIGNATURE Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS TILL MAME RUTGER Casualty Ins. Co. SIREI ADDRESS CITY ST-ZIP TITLE NAME NAME NAME NAME NAME NAME SIREI ADDRESS CITY ST-ZIP TITLE NAME NAME NAME NAME NAME NAME SIREI ADDRESS CITY ST-ZIP TITLE NAME NAME NAME NAME NAME NAME SIREI ADDRESS CITY ST-ZIP TITLE NAME SIREI ADDRESS CITY ST-ZIP TITLE NAME NAME NAME NAME Change Chan	Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code se of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept	
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11. I hereby certify that the information supplied with this fitting 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 limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.		
	ature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	y certify that the information supplied with this filling does not qualify to ad on this report is true and accurate and that my signature shall have