


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029941	
-------------------------	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 20 AM 10:28

Principal Place of Business 2817 NE 32ND STREET APT 107 FORT LAUDERDALE, FL 33306	Mailing Address 2817 NE 32ND STREET APT 107 FORT LAUDERDALE, FL 33306
--	--



2. Principal Place of Business 1505 UNIVERSITY DR Suite, Apt. #, etc. 3rd Floor City & State CORAL SPRINGS, FL Zip 33071 Country USA	3. Mailing Address 1505 UNIVERSITY DR Suite, Apt. #, etc. 3rd Floor City & State CORAL SPRINGS, FL Zip 33071 Country USA
---	---

09152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1015952	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent GIAMPIETRO, MATTHEW J 2817 NE 32ND STREET APT 107 FORT LAUDERDALE, FL 33306	7. Name and Address of New Registered Agent Name MATTHEW J GIAMPIETRO Street Address (P.O. Box Number is Not Acceptable) 1505 UNIVERSITY DR 3rd Floor City CORAL SPRINGS FL Zip Code 33071
---	--

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 Matthew J. Giampietro	DATE 9/15/05
------------------------------------	-----------------

Filing Fee is \$50.00 Due by October 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIAMPIETRO, MATTHEW J 2817 NE 32ND STREET, APT 107 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1505 UNIVERSITY DR 3rd Floor CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059766322 09/20/05--01009--004 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Matthew J. Giampietro	DATE: 9/15/05	DAYTIME PHONE: 954-536-8477
----------------------------------	---------------	-----------------------------