


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90022 003 \*\*\*\*50.00

|   |                           |                                 |   |  |                                   |
|---|---------------------------|---------------------------------|---|--|-----------------------------------|
| <b>DOCUMENT # L04000030233</b>  |                           |                                 |   |         |                                   |
| 1. Entity Name<br>ACKERMANN HOLDINGS LLC  |                           |                                 |   |  |                                   |
| Principal Place of Business<br>1908 HARBOR POINTE CIRCLE<br>WESTON, FL 33327 US   |                           |                                 | Mailing Address<br>1908 HARBOR POINTE CIRCLE<br>WESTON, FL 33327 US |  |                                   |
| 2. Principal Place of Business  |                           | 3. Mailing Address              |   |  |                                   |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.             |   |  |                                   |
| City & State  |                           | City & State                    |   | 4. FEI Number<br><b>51-0506795</b>   |                                   |
| Zip   | Country                   | Zip                             | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                           |                                 | 7. Name and Address of New Registered Agent                         |  |                                   |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET.<br>TALLAHASSEE, FL 32301   |                           |                                 | Name  |  |                                   |
|   |                           |                                 | Street Address (P.O. Box Number is Not Acceptable)                  |  |                                   |
|   |                           |                                 | City  |  |                                   |
|   |                           |                                 | FL  |  | Zip Code                          |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                           |                                 |   |  |                                   |
| Filing Fee is \$50.00 Due by May 1, 2005  |                           |                                 | Make check payable to Florida Department of State                   |  |                                   |
| 9. MANAGING MEMBERS/MANAGERS  |                           |                                 | 10. ADDITIONS/CHANGES   |  |                                   |
| TITLE   | MGRM                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | ACKERMANN, SERGIO A       |                                 | NAME  |  |                                   |
| STREET ADDRESS  | 1908 HARBOR POINTE CIRCLE |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | WESTON, FL 33327          |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME  |  |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME  |  |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME  |  |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME  |  |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP   |  |                                   |
| 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: <i>Sergio A. Ackermann</i>   |                           |                                 | Date: 01/05/2005  |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                           |                                 | Daytime Phone #: (954) 384-2524                                     |  |                                   |