


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90096 028 ****50.00

DOCUMENT # L04000031398 1. Entity Name AUBREY PROPERTIES, LLC	
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Principal Place of Business 2300 N. FEDERAL HIGHWAY DELRAY BEACH, FL 33483 US	Mailing Address 710 N.E. 7TH STREET UNIT 205 BOYNTON BEACH, FL 33435 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01102005	Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-2099906	Applied For	
Not Applicable		
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
SCHONE, LARRY T 72 N.E. FIFTH AVENUE DELRAY BEACH, FL 33483	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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUBREY, WARD N			NAME			
STREET ADDRESS	710 N.E. 7TH STREET, UNIT 205			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33435			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: Ward N Aubrey 1-12-05 561-731-2486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #