2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
03-10-2005 90037 043 ****50.00

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02162005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000031836

1. Entity Name
CONNAUGHT LOSE, LLC

Principal Place of Business	Mailing Address
9810 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	9810 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065

2. Principal Place of Business		3. Mailing Address	
3111 N University Dr		3111 N University Dr	
Suite, Apt. #, etc. Suite 115		Suite, Apt. #, etc. Suite 115	
City & State Coral Springs FL		City & State Coral Springs, FL	
Zip 33065	Country US	Zip 33065	Country US

4. FEI Number 35-2230549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, JOHN F
9810 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNELL, JOHN F 9810 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John F OConnell 3111 N University Dr Coral Springs, FL 33065	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAUGHTON, JOHN 9810 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Naughton, John 3111 N University Dr Coral Springs, FL 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] John F OConnell 3/5/05 954-252-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #